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Parenting after the Death of a Co-parent:

A Qualitative Study of the Lived Experiences of Surviving Parents

Erin B. Donohue

University of Connecticut, 2020

Findings from this study suggest that surviving parents' parenting experiences following a co-parent's death are difficult and multifaceted in comparison to co-parenting before the death. A parent's death is an unexpected event that incurs family stress and grief for remaining family members, whom often include the surviving parent and dependent children (i.e., children under the age of 18). Following loss, it is typical for family members to experience role confusion and reorganization, as the surviving parent is expected to fulfill certain norms (i.e., assuming full guardianship and parenting roles) with their children. According to Belsky's Process Model of Parenting, bereavement-related changes may affect a surviving parent's ability to parent based on characteristics of: 1) the parent (e.g., the parent's mental health and grief processes); 2) the child (e.g., the child's age and understanding of grief); and 3) the broader social context (e.g., support from friends and family). However, there are few studies that examine the experiences of widowed parents. Guided by phenomenology, this qualitative study sought to answer: 1) How the lived experiences of surviving parents change after a co-parent's death in relation to the meaning of parenting and the parent-child relationship; and 2) What day-to-day practices are used by surviving parents to continue parenting their child/children after a co-parent's death. Data were collected using semi-structured interviews and analyzed using an inductive analytic procedure (Colaizzi, 1978; Creswell, 1998; Thomas, 2006). Results from this sample (N=12) show that before death, co-parents were involved and considered parenting enjoyable. Following death, results reveal that parenting responsibilities increased and included new parenting strategies, such as providing more reassurance with children, not showing grief in front of children, and trying to fill the deceased parent's role. Findings indicate that it may be beneficial for family interventions to: 1) mentally prepare surviving parents for anticipated

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changes in parenting that may occur due to their partner's illness so that they are better equipped to assume their partner's parenting responsibilities; and 2) explain to the ill co-parent that their illness may negatively impact their parenting and aid them in working through negative feelings associated with parenting, such as guilt.

Parenting after the Death of a Co-parent:
A Qualitative Study of the Lived Experiences of Surviving Parents

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B.S., Worcester State University, 2013

M.A., University of Connecticut, 2016

A Dissertation
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2020

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APPROVAL PAGE

Doctor of Philosophy Dissertation

Parenting after the Death of a Co-parent:

A Qualitative Study of the Lived Experiences of Surviving Parents

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Chapter 1: Introduction

Overview

In the United States, approximately 3.5% or 2.5 million children under the age of 18 live in single-parent households due to a parent's death (Owens, 2008; Social Security Administration, 2000). Death rates of adults between 40 and 60 years old, a likely time for parents to raise children, have risen dramatically within the past 2 decades (Case & Deaton, 2015; Kaufman, 1999). During this same period of time, mortality rates for middle-aged white, non-Hispanic Americans between the ages of 45-54 rose by 0.5% a year, equating to roughly half a million more deaths (Case and Deaton, 2015). For adults between the ages of 35-44, the mortality rate leveled off, and for adults ages 55-59, the mortality rate continued to decline from 2% per year to 0.5% per year (Case & Deaton, 2015). Adding to the burden of this issue, the average age of first birth for mothers is increasing. Between 2000 and 2014, 48.8% of women between the ages of 25 and 34 reported giving birth to their first-born child, increasing the average age of first birth from 24.9 to 26.3 years (Matthews & Hamilton, 2016). The combination of postponed childbirth and earlier death rates increases the likelihood that families raising young children may experience the death of a parent.

Despite these trends in death rates and rates of first birth for parents, little is known about: (a) the parenting experiences of surviving parents following the death of a co-parent; and (b) how surviving parents continue to meet normative parenting expectations after such a transition. Thus, this qualitative study addresses a critical gap in the literature by exploring surviving parents' everyday lived experiences and the parenting strategies that they utilize after the death of a co-parent while still raising children. Clinicians who work to support families after the loss of a parent would benefit from an in depth understanding of the multifaceted nature of surviving parents' lived experiences (e.g., stressors). In this paper, the term "surviving parent" will be used to refer to the parent who continues parenting dependent

children (under age 18) after the loss of their co-parent, which in most cases, but not all, includes their spouse.

Statement of the Problem

A review of the literature suggests that surviving parents are an understudied population and that we know very little about the parenting experiences of surviving parents. Research has examined ways in which clinical and support-based programs have provided bereaved families with guidance regarding parenting practices and parent-child interactions following the death of a parent. However, there are several gaps in this literature. In order for support-based programs to strengthen their resources for surviving parents, more research on the lived experiences of surviving parents is necessary to understand their needs.

As previously mentioned, there are several limitations to current research on bereaved and grieving parents. First, it is clear that more qualitative studies are needed that directly examine parenting experiences of surviving parents. Qualitative methodology, specifically a phenomenological approach, is used to examine the lived experiences of a population (Creswell, 1998). Utilizing this methodological approach would allow researchers to collect in-depth data based on personal narratives. In-depth data, in turn, would extend understanding of the experiences of surviving parents, such as their grief and potential changes in their parenting and within their parent-child relationships. This knowledge would strengthen our understanding of single, widowed parenting and would allow researchers to develop support programs that better align with the day-to-day experiences of surviving parents. To my knowledge, only two qualitative studies have directly examined the parenting experiences of surviving parents following the death of a co-parent while raising young children (Fasse & Zech, 2016; Glazer, Clark, Thomas, and Haxton, 2010; see pp. 9-16; Chapter 2, Literature Review). Considering the dearth of research on single, widowed parenting, it is clear that further qualitative research is needed to build knowledge on surviving parents' day-to-day experiences.

Second, stronger conceptual frameworks are needed for understanding the parenting experiences of surviving parents following the death of a co-parent. The broader social context of surviving parents (e.g., their socioeconomic status) affects their ability to “choose different paths” for their family after death. For example, a surviving parent in poverty may not be able to afford a therapist or anti-depressant medication to cope with grief, which may ultimately affect their parenting practices and relationship with their child/children. Thus, context undoubtedly plays an important role in surviving parents’ experiences and research on this population should be guided by contextually driven theories. As such, this study proposes that a combination of frameworks may be useful for understanding the experiences of surviving parents: 1) Family Development Theory (Rodgers & White, 1993; White & Klein, 2008); 2) Belsky’s (1984) Process Model of Parenting, and 3) the Dual Process Model of Coping with Bereavement (Stroebe & Schut, 2010; see Chapter 2 Literature Review). A combination of these theories considers parental experiences not only within broader social and structural contexts, but also within the context of grief, which may be an important piece of surviving parents’ experiences. Thus, utilizing existing frameworks in combination is needed to better understand the many influences impacting surviving parents’ current parenting experiences and parenting practices, which in turn may inform interventions with surviving parents.

Third, existing intervention programs that provide grief and bereavement support services to surviving parents and their children may not be adequate to address the complex needs of surviving parents. While clinically based approaches offer surviving parents suggestions and advice on best practices based on empirical research, often times these solutions may not necessarily consider the daily lived experiences of surviving parents. For example, intervention programs convey to surviving parents that optimal interactions with children should include warmth, positive reinforcement and coping, supportive communication, consistency, and ability to work through grief with their child, but researchers also acknowledge that facilitating these types of interactions with children may be distressing and difficult

for parents coping with their own grief (Biank & Werner-Lin, 2011; Howell et al., 2016; Kaplow et al., 2014; Saldinger, Cain, Porterfield & Lohnes, 2004b; Sandler et al., 2016; Werner-Lin & Biank, 2013 Yopp et al., 2015). It is clear that the recommendations put forth by researchers occupy one space, but it is possible that the lived parenting experiences of surviving parents may occupy an entirely different space. This could explain the difficulty some surviving parents may face when attempting to carry out the suggestions made by intervention and support-based programs. This study, as well as additional research, is needed so that current intervention programs may put forth suggestions to single, widowed parents that complement their daily experiences with grief and bereavement.

Lastly, parenting terms are defined inconsistently in the literature and in intervention programs that support bereaved parents. Past studies have used terms such as positive parenting and child-centered parenting to discuss the reestablishment and bolstering of the child-surviving parent relationship following loss. Some have described the term positive parenting as the ways in which parents reinforce a child's positive behavior (Howell et al., 2016). Others have described it as referring to a positive parent-child relationship, which includes listening skills and effective discipline (Sandler et al., 2016). Both definitions may refer to general parenting practices in non-bereaved families and may not accurately represent the parenting experience for bereaved parents trying to parent their children and cope with family loss simultaneously. In contrast, the term child-centered parenting refers to the surviving parent providing their child with emotional and structural stability through loss and its aftermath (Saldinger et al., 2004b). This definition more specifically relates to the promotion of a close relationship following loss, but the definition of parenting is still unclear in the context of parental loss. Thus, researchers still know little about what parenting means to surviving parents and the processes that they partake in after experiencing a co-parent's death while still raising children.

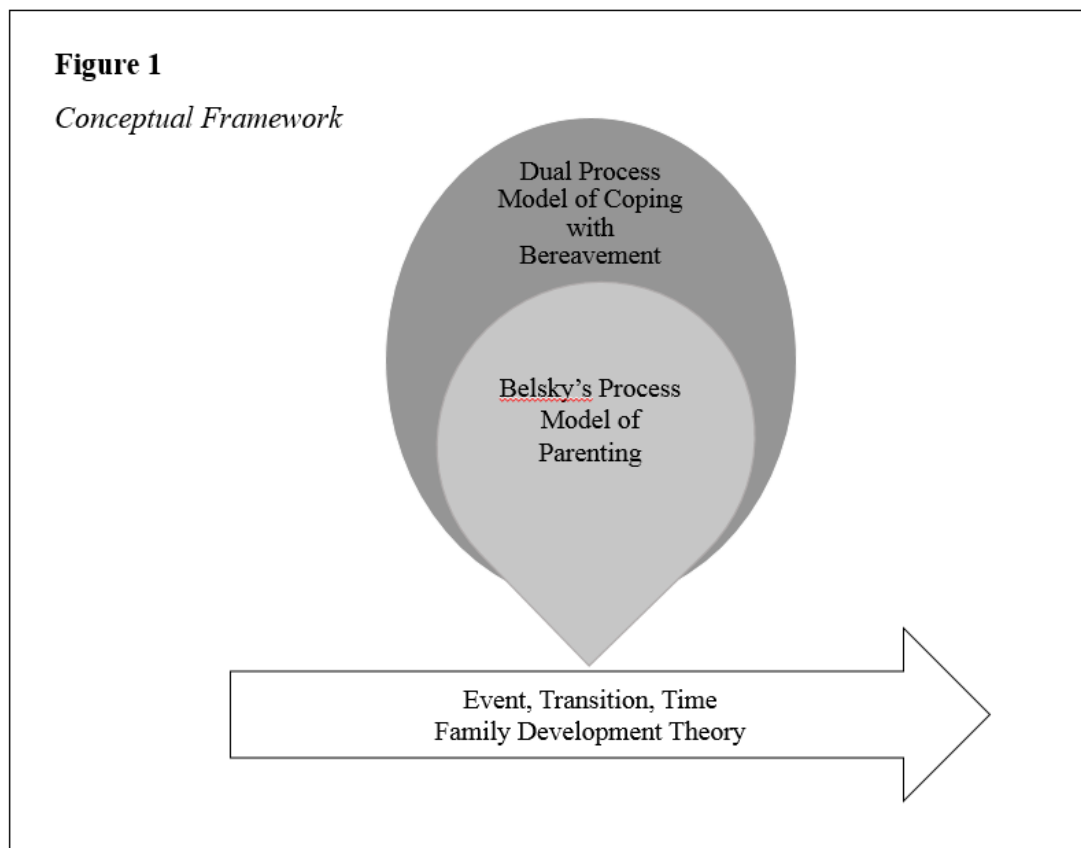
To address these gaps in the literature, this study will explore the following research questions:

- 1) How does the lived experience, specifically the meaning of parenting and parent-child relationship, change after the death of a co-parent?
- 2) What day-to-day practices do surviving parents use after the death of a co-parent to continue parenting their child/children?

Chapter 2: Literature Review

Guiding Theoretical Frameworks

As previously mentioned, there is a lack of conceptual parenting models that exist for understanding the lived experience and parenting practices of surviving parents who have experienced a co-parent's death. The current study is guided by the interplay of three frameworks to understand the lived experiences and parenting practices of surviving parents following the death of a co-parent: 1) the Dual Process Model of Grief (DPM) was used to address the role of grief within a family's everyday experiences, 2) Family Development Theory (FDT) was used to address the family's transition from before the death to after the death, and 3) Belsky's Process Model of Parenting was used to address parenting during this transition. In the following sections these models will be explained in greater detail, as the combination of these three models may help to better understand the lived experiences and parenting practices of surviving parents (see Figure 1 below for a conceptual framework).



The Dual Process Model of Coping with Bereavement

Bereavement occurs as a response to the loss of a loved one. By definition, bereavement is the period of sadness following a loved one's death, while grief is the constant reorientation of a survivor as a response to death (National Cancer Institute, 2013; Versalle & McDowell, 2005). The Dual-Process Model (DPM) of Coping with Bereavement was developed in response to stage models of grief (e.g., Kubler-Ross, 1969), which suggest that individuals process grief through a series of steps that eventually come to an end (Bowlby, 1961; 1980; Parkes, 1972, Parkes & Weiss, 1983). In contrast, DPM acknowledges that grief is not linear, but rather grief occurs in doses as an individual moves back and forth through loss-oriented and restoration-oriented coping (Stroebe & Schutt, 2010).

To understand the contribution of the DPM, it is important to briefly discuss the stage theories of grief and how DPM was developed based on critiques of these theories. Stage theories focus on grief work, which involves the cognitive processes used to confront loss through death, thinking through events that occurred prior to and after the death, concentrating on memories with the deceased, and working toward detachment from the deceased (Stroebe, 1992). One of the earlier theories of grief included four stages: 1) shock-numbness, 2) yearning-searching, 3) disorganization-despair, and 4) reorganization, and was based off the combined work of grief scholars at the time (e.g., Bowlby, 1961; 1980; Parkes, 1972, Parkes & Weiss, 1983). Another example is Kubler-Ross' (1969) stage theory, which includes five stages: 1) Denial, 2) Anger, 3) Depression, 4) Bargaining, and 5) Acceptance. Since stage theories of grief were proposed, others have adapted them to include additional stages, tasks or processes, and trajectories that signify the end of the grief process (Bonanno et al., 2002; Jacobs, 1993; Rando, 1993; Worden, 1991).

Critics of stage theories suggest that grief may not necessarily end; and forward movement through stages may not always signify progress (Wortman & Silver, 2001). Instead of emphasizing closure or recovery, they suggest that grieving individuals relearn relationships and redefine their meaning

of loss over time (Murray, Toth, & Clinkinbeard, 2010). Additionally, while grief stage theorists believe that grief is passive and one must go through the motions, critics suggest that bereaved individuals remain active in their grief process as they face new challenges, choices, and opportunities (Murray et al., 2010). Thus, a more active approach may be needed to examine grief related to single, widowed parenthood.

The DPM provides an alternative, nonlinear, and more appropriate understanding of surviving parent's grief following co-parental loss as it allows for active confrontation of loss in doses so that grieving individuals may expend cognitive resources on other tasks (e.g. parenting; Stroebe & Schut, 1999, 2001). Stroebe and Schut's (1999, 2001) DPM presumes that both loss-oriented and restoration-oriented coping processes affect bereavement. Loss-oriented individuals concentrate on, appraise, and process an aspect specifically related to loss and engage in grief work (Stroebe & Schut, 1999; 2010). They also avoid or deny the need to make restorative life changes and may experience intrusion of grief in their everyday experiences. Conversely, restoration-oriented individuals focus on secondary life stressors that are consequences of bereavement (e.g. managing finances; raising a child) as they navigate new roles and difficulties. They also reevaluate and reorganize their life during bereavement and attend to life changes to avoid or postpone the grieving process (Stroebe & Schut, 2010). In addition, the DPM suggests that depending on their daily experiences and stressors, bereaved individuals continuously fluctuate their regulatory processes between loss-oriented and restoration-oriented coping during a process called oscillation. Oscillation occurs at all times and is considered necessary for adaptation as the bereaved person confronts aspects of loss-oriented or restoration-oriented stressors and avoids them at other times (Stroebe & Schut, 2010). For a visual of the DPM, please see Appendix A.

As the DPM is fairly new, it has been included in fewer studies as compared to the stage models of grief. The DPM has been used primarily to study grief experiences of older, bereaved individuals between the ages of 45 to 90 years old (Bennett, Gibbons, & Mackenzie-Smith, 2010; Caserta & Lund, 2007; Caserta, Lund, Utz, & De Vries, 2009; Caserta, Utz, Lund, Swenson, & De Vries, 2014; Lund,

Caserta, & De Vries, 2010). However, some studies have used the DPM to examine bereaved individuals who had lost their partners at a younger age (e.g. 18 years and older; Caserta et al., 2014; Delespaux et al., 2013; Fasse & Zech, 2016). To my knowledge, only two studies have applied the DPM to examine both young and old bereaved partners' oscillation between loss-oriented and restoration-oriented coping approaches (Caserta et al., 2014; Delespaux et al., 2013). Caserta et al. (2014) found that younger bereaved partners were more likely to engage in loss-oriented coping than restoration-oriented coping, perhaps due to grieving a death that occurred earlier than expected. Delespaux et al. (2013) found that when younger widows engaged in oscillation toward restoration-oriented coping, this was associated with more favorable bereavement outcomes. Furthermore, only one study to my knowledge applied the DPM in research with widows who were also parents. Fasse and Zech (2016) examined a mother's experience with her two 20-year-old twin sons following their father's (her husband's) death. They described the mother's stressors, such as: 1) missing her husband after the loss and 2) feeling that it was necessary to make decisions for the betterment of her children. Clearly, more research is needed in order to understand the life stressors and coping mechanisms of individuals experiencing co-parental loss, particularly for young, parenting widows.

Lastly, research on timing and nature of death supports DPM mechanisms. A study by Saldinger and colleagues (2004a) examined differences between sudden versus anticipated deaths of a co-parent. Following anticipated death, some surviving parents were able to better manage certain parenting tasks because their attention was no longer divided in caring for the co-parent as well as children, while others had too few internal resources, such as feeling too emotionally and physically exhausted to handle their parenting responsibilities (Saldinger et al., 2004a). These findings provide support for the loss-oriented and restoration-oriented coping components of the DPM model such that at some points, parents may feel liberated from their duties to maintain the life of their dying partner and can focus on restoring themselves as a newly single parent, but at other points, they may feel too mentally or physically exhausted and

oscillate toward the loss itself, avoiding making any changes. In addition, this study also found that surviving parents who were suddenly widowed assumed a more child-centered approach to parenting than those who anticipated death (Saldinger et al., 2004a). This is consistent with other parenting and bereavement literature suggesting that those who experience anticipated death may not necessarily fare better than those who have experienced sudden death (Saldinger, Cain, Kalter, & Lohnes, 1999). Lastly, caregivers were more likely to report that children whose parents died from homicide or suicide had significantly higher externalizing problems than children whose parents died of illness (Haine et al., 2006). This difference could result in more stressful and difficult parenting following loss. As a result, surviving parents may have more difficulty moving toward restoration, as their focus may be on helping their child work through behavioral problems. Thus, utilizing the DPM as a framework for understanding the experiences of surviving parents following the death of a co-parent is a novel contribution to the existing literature.

Family Development Theory

Family Development Theory (FDT) can also help to explain the experience of surviving parents following the death of a co-parent as this theory highlights how life transitions may alter a family's overall structure and functioning. FDT takes a broad approach to understand family members' interactions with one another based on norms and changes over time as they transition through family stages and assume new roles (Rodgers & White, 1993; White & Klein, 2008). According to FDT, a parent's death is an unexpected *event*, or time point marked by distinct change. This turning point thrusts the surviving parent and children into a new *family stage* that is noticeably distinct from other periods in terms of family structure, interactions, and role relationships (Rodgers & White, 1993; White & Klein, 2008). As family stress increases from the loss of the deceased parent, surviving parents will respond based on pre-existing resources and the family's interpretation of the event (Aldous, 1990), which in turn will influence the family's *transition*, or marked shift from one family stage to another (e.g., two-parent to

single parent family; Rodgers & White, 1993; White & Klein, 2008). Typically, there is role confusion and reorganization of interactions before families become stable again in accordance with *norms*, or social rules that inform individual and group behavior and guide each family member's beliefs and expectations (Borne, Jache, Sederberg, & Klein, 1979; Rodgers & White, 1993; White & Klein, 2008). White and Klein (2008) suggest that familial transitions can be viewed as "paths taken and not taken" that over time resemble "a tree with many branches" of which families could choose their respective paths (p. 131).

From the perspective of FDT, the death of a co-parent is an event that forces a surviving parent to transition into single parenthood. Following this event, Khosravan and colleagues (2013) suggest that regardless of the nature of the death, whether predictable (e.g., occurring with greater than two weeks of forewarning) or unpredictable, there are certain norms expected of recently widowed parents (Carter & McGoldrick, 2005, Koblenz, 2016). One of these norms includes taking over complete guardianship of children (Khosravan et al., 2013). When assuming the new role of sole guardian of children following loss, both qualitative and quantitative research suggests that widowed parents typically experience positive and/or negative changes in their parenting that likely co-occur and ebb and flow over time. Examples of positive changes in parenting may include better parent-child communication, higher child-centeredness, maintaining a stable environment, assuming responsibilities of the deceased parent, and promoting a healthy lifestyle (Haine, Wolchik, Sandler, Millsap & Ayers, 2006; Saldinger, Porterfield, & Cain, 2004a; Werner-Lin & Biank, 2013). In contrast, negative changes in parenting include inconsistent discipline, inadequate support of child, lack of parent-child communication (Haine et al., 2006).

Several studies have used qualitative and mixed methodology to examine the changes in surviving parents' parenting practices, ability to parent, and the quality of their parenting following the death of a co-parent. Through conducting interviews and using a grounded theory approach, the findings of Saldinger et al. (2004a) revealed both positive and negative parenting changes in terms of surviving parents' ability to be child-centered, communicate feelings, and maintain a stable environment, as some

parents indicated that they had few internal resources left to handle the new set of burdens following their co-parent's death, while others could manage relatively better (Saldinger et al., 2004a). It was additionally noted that some mothers experienced difficulty taking on the deceased parent's disciplinarian role and that grief made daily parenting tasks feel beyond their reach (Saldinger et al., 2004a). Using interviews and survey measures, Haine and colleagues (2006) found that parents who engaged in positive parenting, such as using caregiver warmth and consistent discipline, served as a protective factor for their children, resulting in fewer child mental health problems. Upon reviewing conversations with parents in a bereavement group, Werner-Lin & Biank (2013) found that surviving parents': (a) were concerned about their own health and health behaviors of their family; and (b) wanted to promote more healthy behaviors for their family unit. Other qualitative approaches that have examined parenting both before and after spousal death utilized open-ended questions, semi-structured interviews, and phenomenological interviews to gather information (Chidley et al., 2014; Glazer et al., 2010; Saldinger et al., 2004a; Werner-Lin & Biank, 2013). These studies suggest that surviving parents may have difficulty recognizing their child's feelings of grief or may worry more about their child's well-being. Other norms expected of recently bereaved parents according to Khosravan and colleagues (2013) include: 1) waiting to remarry or not remarrying at all; and 2) developing a more distant relationship with in-laws. These outcomes are discussed in the next section in conjunction with Belsky's (1984) Process Model of Parenting, including how parent characteristics, child characteristics, and social context may affect parenting following the death of a co-parent (page 20).

Belsky's Process Model of Parenting

Belsky's (1984) Process Model of Parenting is influential in understanding parenting following the death of a co-parent because it examines how three main contexts/domains account for individual differences in parental functioning. These domains include: 1) parents' characteristics, or *forces from within the parent*, which involves the surviving parents' perception of their parenting ability, personality

and mental health, grief processes, developmental history (e.g., the style of parenting used by the parent in the past) and ability to facilitate surviving and deceased parent bonds with their child; 2) children's characteristics, or *forces from within the child*, which involves the child's age, understanding of death, or use of coping skills; and 3) broader social context, which involves an individual's marital status, social networks, and employment status. For a visual of Belsky's (1984) Process Model of Parenting, please see Appendix B. Before discussing each of these three domains in detail, the following paragraphs explain how this framework helps to understand the parenting of surviving parents as it is impacted through the disintegration of the marital relationship.

According to Belsky's (1984) model, when threats weaken one domain of parenting determinants (e.g., parent's psychological well-being), other domains such as marital relations or other social networks can buffer a family's parenting system from further damage. Optimal parental functioning is most protected when a parent's characteristics (e.g., the parent's psychological well-being) are intact and promote sensitive parental involvement (Belsky, 1984). While Belsky (1984) believed that the marital relationship is the primary support system for parents, he acknowledged that other social networks (e.g., work, extended family and friends, community ties) can provide primary support in certain circumstances (e.g., single parenthood).

In addition, Belsky's (1984) theory suggests that disruption in the marital relationship may cause changes in the parent-child relationship. The literature on parent-child relationships suggests that threats to or breaks in parent-child attachment systems can be distressing and traumatic for children, such as in the death of a parent because it causes a permanent physical separation from the attachment figure and loss of a secure base (Bowlby 1980; 1982). For surviving parents, the loss of their co-parent may cause them to feel the need to fortify their own bond with the child in response to the loss through restructuring or maintaining the existing attachment bond (Bowlby, 1980). Additionally, Bowlby (1980) noted the importance of a child's continued attachment to their deceased parent because of the unique emotional

attachment shared by parents and children, another task traditionally assumed by the surviving parent. When discussing the role of parenting for surviving parents, it is possible that maintenance of an attachment bond, whether between themselves or their child and the deceased parent, may be a part of their everyday lived experiences. The subsequent section will review the literature on how parent, child, and broader social contextual characteristics may influence the parenting of surviving parents as indicated by Belsky's (1984) Process Model of Parenting.

Impact of Surviving Parents' Characteristics on Parenting. Previous studies reveal that a surviving parent's perception of their ability to parent after loss as well as their mental health and grief processes can affect their parenting and parent-child relationship. A study by Chidley et al. (2014) examined open-ended questions from a sample of 35 bereaved mothers with children who had lost a co-parent within two years prior to the study participation. They found that mothers viewed motherhood following death as providing them with a sense of purpose and resilience after loss; some also noted that it provided them with a distraction from their grief (Chidley et al., 2014). In another study in which bereaved mothers and fathers with young children were interviewed, surviving parents reported feeling anxious or lost as a single parent, questioning their ability to parent, and feeling unsure about filling their deceased partner's parenting role (Glazer et al., 2010). Another study examined bereaved fathers who completed an online survey measuring parenting satisfaction and adaptation, depression, and grief following a deceased co-parent's death (Yopp, Park, Edwards, Deal, & Rosenstein, 2015). Results showed that fathers felt overwhelmed and distressed by their parenting responsibilities and were slow to adapt following the death of their co-parent (Yopp et al., 2015). In the same study, they found that while fathers met their parenting expectations after the death of their spouse, they did so at a considerable cost, such as neglecting their own psychological health. A handful of quantitative studies and a randomized trial of the *Family Bereavement Project* have used a variety of individual item measures (e.g., Symptom Checklist-90 Revised) to assess surviving parents' mental health after their co-parent's death. Findings

suggest that surviving parents experience high depressive symptomology, anxiety, and grief-related symptoms, especially after an unexpected loss (Ahmady, Ashtiani, Mirzamani, & Arabnia, 2007; Sandler, Tein, Cham, Wolchik, & Ayers, 2016; Yopp et al., 2015). Depressive symptoms are associated with more hostile, withdrawn, and negative parenting for both mothers and fathers (England & Sim, 2009).

Surviving parents' gendered grief experiences. Surviving parents' gendered grief experiences may also influence their parenting following the death of a co-parent, as gender differences exist in the ways in which grief is experienced by surviving parents. While emotions are biological in part, these differences stem from the socialization of boys and girls to express their emotions differently from a young age (Kennedy Root & Denham, 2010). Children are socialized to express emotions in different ways based on 1) their witnessing of the feelings and emotions of others, 2) the responses of others to their emotional displays, and 3) the ways in which they are taught about their feelings and emotions from parents and other family members (Denham, Bassett, & Wyatt, 2007). Early childhood research suggests that girls are typically raised to express more submissive emotions (e.g., sadness) than boys, who are typically raised to express more assertive emotions (e.g., anger; Brody, 2000; McIntyre & Edwards, 2009). In addition, in early childhood girls typically talk more about feelings and emotions with their parents and peers than boys (Fivush, Brotman, Buckner, & Goodman, 2000; Hughes, Lecce, & Wilson, 2007; Kuebli, Butler, & Fivush, 1995).

Thus, based on early socialization practices, grief processes, which include the constant reorientation of a survivor in response to death, are utilized differently by men and women (Versalle & McDowell, 2005). Women commonly engage in more intuitive grief, categorized by displays and sharing of intense emotion as well as seeking support from others (Versalle & McDowell, 2005). Men often exhibit more problem-solving approaches to deal with loss, which involve failure to express grief emotionally or seek social support (Corr, Nabe, & Corr, 2000; Martin & Doka, 2000; Versalle & McDowell, 2005). Literature examining surviving mothers and fathers have mirrored these gender

differences in regard to topics such as seeking social support and engaging in problem-solving aspects of grief. For example, qualitative and quantitative research conducted in bereavement support groups have found an overwhelming number of bereaved mothers who were seeking additional social support as opposed to fathers (Hagan, Tein, Sandler, Wolchik, Ayers, & Luekin, 2012; Howell et al., 2016; Kwok, Haine, Sandler, Ayers, Wolchik, & Tein, 2005; Saldinger et al., 2004a). However, it is important to note that a study that examined widowed fathers with dependent-age children found that men often use covert means of support, such as online websites, to address their grief as opposed to seeking out social or emotional support from friends, family members, or mental health professionals (Yopp et al., 2015).

Little is known, however, about the differing ways in which intense grief affects surviving mothers' or fathers' parenting patterns after their co-parent's death. Using an online survey, one study examined surviving fathers' parenting satisfaction and adaptation while grieving. It found that while fathers experienced intense grief following the death of their wife, they perceived themselves as able to meet parental responsibilities following the death, suggesting little interference of grief or depression on parenting roles (Yopp et al., 2015). As part of a larger study that examined 41 mothers and fathers grieving the death of their co-parent, interview data revealed that fathers emphasized wanting to return the family to its premorbid level of functioning in terms of home environment, school, and child's outside activities, thus not acknowledging their grief (Saldinger et al., 2004a). In contrast, interview data revealed that bereaved mothers acknowledged emotionality and grief as an interference with their ability to parent their children in the moment (Chidley et al., 2014; Saldinger et al., 2004a; Saldinger, et al., 2004b). Additionally, a qualitative study by Fasse and Zech (2016) recounted the experience of a widowed mother of 20-year-old twins during an interview following her husband's death. The widowed mother's interview was part of a larger study of a sample of 16 widowed individuals, but her experience was discussed separately to illustrate specific characteristics related to the experience of losing a partner as part of a parental couple. Researchers noted that during the interview the mother expressed feeling

burdened by both grief and parenting stressors, specifically: 1) the loss of her husband and how she missed him; and 2) the necessities of life which demanded that she make decisions for the betterment of her children (Fasse & Zech, 2016). This relates to the final parent characteristic that influences parenting of surviving parents: Their ability to rebuild or maintain a relationship between themselves, their child, and the deceased parent.

Surviving parents' abilities to rebuild/maintain parent-child relationships. Surviving parents' ability to restructure or maintain surviving parent-child and deceased parent-child relationships may influence their parenting, especially if they are seeking additional support to do so. Surviving parents are provided with different approaches through available hospital and clinical programs regarding how to foster a relationship with their child and continue a deceased parent-child relationship as part of their new role as a single parent. In hospitals, for example, surviving parents have been encouraged to participate in a program called, *Coping In Response to Childhood Loss Experiences*, which suggests that positive reinforcement and supportive communication strengthen aspects of the attachment relationship, positive coping, and consistency between child and surviving parent following a co-parent's death (Howell et al., 2016; Kaplow, Layne, & Pynoos, 2014). Other clinical approaches (e.g., *Family Matters*) take a holistic approach to family support and treatment, recommending that the surviving parent focus on their ability to identify and work through grief with their child following parental death in developmentally appropriate ways because it creates an empathic surviving parent-child connection (Biank & Werner-Lin, 2011; Werner-Lin & Biank, 2013). The *Family Bereavement Program* emphasizes that parents should use warm interactions with their child to strengthen their relationship (Sandler et al., 2016).

Lastly, surviving parents are encouraged by mental health practitioners to support their child's exploration of the life and character of their deceased parent in structured, cognitively-appropriate amounts through maintaining an ongoing relationship or connection called a continuing bond (Field, Gal-Oz, & Bonanno, 2003; Saldinger et al., 2004a). Continuing bonds are promoted by surviving parents

through sharing memories that allow the child to update their image of the deceased, providing the child with objects to link them to the deceased parent (e.g. article of clothing), establishing rituals, and maintaining presence with the deceased (e.g. visiting parent's grave; Saldinger et al., 2004b). While some surviving parents go to extraordinary lengths to facilitate continuing bonds (Saldinger et al., 2004b), facilitation may be difficult or even distressing for others (Yopp et al., 2015). Surviving parents may be grieving or no longer emotionally available to support the child's attachment to the deceased parent (Werner-Lin & Biank, 2013). When death is anticipated, it may be easier for surviving parents to facilitate the child-deceased parent relationship, as the dying parent may have time before passing to engage in behaviors that foster post-death attachment with the child (e.g. writing letters, sharing keepsakes or childhood items, creating videotapes, etc.; Saldinger et al., 2004b).

While these clinical approaches advise surviving parents of best practices based on empirical research, they offer inconsistent solutions and do not consider parents' daily lived experiences. Thus, clinicians may prematurely seek to transform and inform parents before being informed themselves on what surviving parents actually practice. Research on parenting following a co-parent's death should consider gendered norms and experiences of assuming full responsibility of the parenting role.

Impact of Child Characteristics on Parenting. Depending on their child's characteristics (e.g., age, coping processes), surviving parents may differ in their communication with the child regarding the expression of emotion after a parent's death, limit-setting with their child, and overall discussion with their child regarding the nature of the death of their parent. Bowlby (1980) suggests that the impact of relationship loss is greater at certain ages and stages of life based on cognitive understanding of a parent's death, which can impact a child's coping processes and behavioral characteristics (Hope & Hodge, 2006). Pre-adolescent children (and younger) struggle to "completely grasp" the death, as they cannot yet engage in abstract thinking or comprehend the permanence of loss (Hope & Hodge, 2006, p. 117; Howarth, 2011). Regarding the death of their parent, young children also may experience difficulty communicating

thoughts, feelings, and emotions. They may feel guilt, use other mechanisms to cope (e.g. drawing picture of or fantasizing about the deceased parent), and may have difficulty concentrating in school or sleeping (Krupnick, 1984; Schonfeld & Quackenbush, 2009). It is important that the surviving parent communicates with and encourages their child of this age to express their feelings after a parent's death (Schonfeld & Quackenbush, 2009).

When a child loses a parent during adolescence, they may wonder if they could have prevented their parent's death (Krupnick, 1984). Despite more advanced thinking than younger children, teens (boys more than girls) often use maladaptive coping methods (e.g., reckless driving, fighting with peers, drinking alcohol or abusing drugs) to cope with their parent's death (Brent, Melhem, Donohoe, & Walker, 2009; Draper & Hancock, 2011; Krupnick, 1984). This may be especially true if a parent's death was unexpected (e.g., suicide; Brent et al., 2009). Research suggests that adolescent girls who have lost a parent are more likely than boys to receive positive, supportive responses from peers, which may explain gender differences in use of maladaptive coping (LaFreniere & Cain, 2015). Regardless, rates of parental death, specifically of fathers, is higher when children are between the ages of 12 and 16 (Draper & Hancock, 2011). Thus, it is important for the surviving parent to provide their adolescent an appropriate, safe way to express anger (e.g. running) as well as set limits for teens' risky behaviors (Schonfeld & Quackenbush, 2009). In addition, some adolescents may assume more of an adult role after the death of a parent (e.g., female adolescents may assume greater household responsibilities and males may find a job to help financially support the family; Cas, Frankenberg, Suriastini & Thomas, 2014).

Lastly, emerging adults (e.g., college-aged students) tend to reassess and revise their belief of the way the world functions following parental loss to understand, anticipate, and have some control over their world (Neimeyer, Laurie, Mehta, Hardison, & Currier, 2008). Some even consider a parent's death as a "defining moment" in their lives (Neimeyer et al., 2008, p. 30). Thus, a child's age, beliefs, and

coping processes and behaviors following a parent's death allow for variation in the surviving parent's ability to parent.

Impact of Social Support and Family Functioning on Parenting. The last component of Belsky's model (1984) explains how social support influences the parenting of surviving parents. Belsky (1984) specifically identified the marital relationship as an explicit area within the broader social context. According to the model, the marital relationship is severed after a co-parent's death, and adjustments in other areas of the social context are made to buffer against the threat to the family's parenting system (Belsky, 1984). Surviving parents may safeguard against parental system threats by seeking a new partner after time has passed, which is considered a normative experience by Khosravan et al. (2013). Bishop and Cain (2003) found that in a sample of 35 widowed parents with dependent children, 47.5% were married to or cohabiting with a new partner within 5 years of their previous spouse's death, mainly due to decreased household income following a spouse's death (Rehl, Moor, Leitz, & Grable, 2016). While both sexes are typically impacted by economic hardship following the loss, a husband and father's death greatly affects the family's economy, especially if he served as the family's primary breadwinner (Trivedi, Sareen, & Dhyani, 2009). In one quantitative study, Ahmady et al. (2007) identified reasons why widows did not remarry, which included concern for the future of their children, lack of motivation, not finding an appropriate man, and wishing to remain loyal to their deceased spouse.

In line with Belsky's (1984) broader social context domain and the macro-level influences in FDT, much of the literature indicates that after their partner's death, surviving parents seek out external support (e.g. family, friends, support groups, grief counselling websites and blogs, intervention services; Chidley et al., 2014; Glazer et al., 2010; Werner-Lin & Biank, 2013). Glazer and colleagues (2010) found in their qualitative study that in addition to support groups, surviving parents sought support from family and friends. Results from Saldinger et al. (2004a) suggest that widowed single parents specifically sought out additional support for their child. As noted by Khosravan et al. (2013), it is possible that after the death,

surviving parents may not continue close relationships with their in-laws, which could eliminate a source of support once utilized by both parents before the death. Additional support systems may help surviving parents cope with loss-related grief and allow them to focus on their role as a single parent.

Thus, these results suggest that social support systems that were once relied upon before loss typically change (e.g., distancing oneself from in-laws). Further, parents need additional support outside of their regular social support network, and remarriage may occur after a certain amount of time, often due to financial instability. It is clear from the review of the literature that bereaved single parenthood following the death of a co-parent is marked by the transition to a new family stage, changes in familial norms, and the assumption of new roles by all immediate family members, ideas that are central to FDT. Moreover, this vicissitude results in a transformation of the surviving parent's new role as a single parent. The death of a co-parent may leave parents feeling positive or negative about their ability to endure as sole guardian of their children, and is further determined by characteristics within the parent, child, and broader social context, as explained by Belsky's Process Model of Parenting. New circumstances that may complicate the parenting role for surviving parents include fostering continuing bonds between the child, themselves, and the deceased parent. Surviving parents' experiences are additionally complicated by their individual grief experiences based on their past gender socialization experiences, which may influence their parenting following co-parental loss.

Chapter 3: Methodology

Qualitative methodology is most appropriate to address gaps in the literature and gain an understanding of the parenting experiences of surviving parents who have experienced the death of a co-parent. A qualitative approach aligns with the aim of this study, as this approach is primarily concerned with interpreting and understanding the meaning-making and experiences of human beings (Jackson, Drummond, & Camara, 2007). Qualitative research is required for this study because it provides opportunities for participants to answer questions about their experiences and for researchers to better understand the meanings that these experiences have to the participants (Streubert & Carpenter, 1999).

This study used the specific qualitative research technique of semi-structured interviews to elicit responses from participants regarding their experiences. Semi-structured interviews are flexible in nature; they allow participants to respond freely to open-ended questions and researchers to diverge slightly from the interview schedule through probing to gather more information that participants view as important to their experience (McIntosh & Morse, 2015). This methodological approach aligns with the goal of the current study: to describe and understand surviving parents' lived experiences and meaning of parenting following the death of their co-parent.

More specifically, this study implemented a phenomenological approach. A phenomenological methodological approach is necessary to understand the lived experiences of surviving parents regarding the phenomenon of the death of a co-parent (Creswell, 1998). Phenomenology is defined as the study of a phenomenon's meaning as it is experienced (Munhall, 2007). Husserl (1999) suggests that the purpose of phenomenology is to provide a pure understanding of individuals' experiences, or a descriptive phenomenology, which is inductive in nature (Husserl, 1970). According to Husserl (1999), "phenomenology proceeds by 'seeing', clarifying, and determining meaning, and by distinguishing meanings" (p. 254). Phenomenology allows researchers to compare, distinguish, and form relations between data, but all within "pure seeing" of, or gaining insight into the data (Husserl, 1999, p. 254).

Thus, this approach is beneficial for understanding the parenting of surviving parents because it allows them to disclose their phenomenon as it is experienced. Additionally, this orientation aims to capture and accurately represent individuals' subjective experiences (Hesse-Biber, 2013). The use of a phenomenological approach depends upon accurately capturing the lived experiences of individuals, or surviving parents in the case of the current study, which was previously identified as a gap in the literature. This approach allows the surviving parent to disclose information about their subjective parenting experiences in their own words, which is additionally needed to understand more about this population (Hesse-Biber, 2013).

One of the concepts relevant to Husserl's (1970) perspective of phenomenology is the notion of lifeworld. Lifeworld relates to our real-world, everyday experiences that are perceived by others (Husserl, 1970). The lifeworld is the core of phenomenology, and as "phenomena are only in the subjects", participants' experiences can only be considered within their lifeworld (Husserl, 1970, p. 54). Husserl (1970) suggests that although experiences are passed along to others, the true meaning of those experiences may not be, and thus a researcher should possess the ability to inquire back to the data's original meaning. It is additionally important to examine the researcher's influence and how their perception may contribute to others' lived experience, in this case the lived experience of surviving parents (Drew, 1999). In order to do this, certain preparatory reflections must be made by the researcher, including intentionality as well as phenomenological reduction, also called bracketing, which will be further discussed in a later section of this chapter.

In a phenomenological study, it is important to comprehensively describe the meaning of the phenomenon that individuals have experienced. Researchers commonly focus on a small number of individuals because of the time-intensive nature required for conducting interviews, and the lengthy transcription and data analysis process required for each participant (Creswell, 1998; Rieman, 1986). Interviewing 3-10 individuals allows the researcher to become immersed in the field and provide the time

needed with participants during the interview or re-interview process to be able to understand their experience in-depth (Crouch & McKenzie, 2006). Creswell (1998) states that “Dukes recommends studying 3 to 10 subjects, and the Riemen study included 10. The important point is to describe the meaning of a small number of individuals who have experienced the phenomenon” (p. 122). Despite these recommendations, more recent phenomenological studies with a focus on the lived experiences of family functioning after a family member’s death have included sample sizes ranging from 6 to 16 (Abbott, 2009; Denhup, 2017; Essakow & Miller, 2013), which was the target sample range for this study.

Establishing Inclusion/Exclusion Criteria

The inclusion criteria for this study was that the individual be a surviving parent (either a mother or father) who had experienced the death of a co-parent. For the purposes of this study, a *co-parent* was defined as a mother or a father who more or less equally shared the responsibility of raising a child (prior to their death) and was a central figure within the family (Arendell, 1996; Co-parent, 2013). Including both mothers and fathers in the sample allows for a most diverse sample and is needed, as literature focusing on the experiences of surviving, parenting fathers is sparse (Yopp et al., 2015). Additional inclusion criteria included that the surviving parent: a) is English speaking; b) was jointly raising a child younger than the age of 18 with the deceased parent prior to death; c) was living in the same household as the deceased parent prior to death; d) if in a romantic relationship with a new partner, the new partner is not assuming a parenting role at the time of participation in the proposed study; and e) the timing of participation is less than 5 years since the deceased parent’s death.

Because the researcher only speaks English, only English-speaking participants were included in this study. While this leaves out non-English speaking surviving parents, whose experiences may be different than English-speaking parents, this is a population that could be examined in the future but is currently beyond the scope of the current study. Prior to death, parents were jointly raising a child under the age of 18 because infancy through adolescence is a time when parents play a major role in their

child's development and establish their parenting role and practices (Herbert, 2004). Parents were living in the same household prior to a co-parent's death because if parents were living apart or separated prior to the death, the impact of the deceased parent's death may not be as much of a transition for the surviving parent if they are accustomed to raising children as a single parent. If surviving parents were in a new romantic relationship, it was important that their partner did not assume a parenting role because this may influence a surviving parent's perception of their experience as a single parent following a co-parent's death. In addition, a cutoff date of 5 years was selected because it is noted that almost half of surviving parents are married or cohabiting with a new partner within 5 years of their previous spouses' death (Rehl et al., 2016).

An exception in inclusion criteria was made for 1 participant who met all of the inclusion criteria except that her partner had died 6.5 years prior to the interview, which was just outside the 5-year cutoff date for inclusion. After this participant contacted the researcher to participate in the study and provided answers to the screening questions, the researcher contacted her research supervisor, who is also the Principal Investigator (PI) of the study, and discussed the participant's eligibility. The researcher then contacted the participant again to ask her if she had ever had a romantic relationship since her partner's death, to which she responded that she had not. This information was relayed back to the research supervisor. Because this participant met all other inclusion criteria and had not had another romantic partner since her husband's death, the PI of the study deemed that her experience and knowledge with the phenomenon of interest would still make her eligible to participate in the study (Creswell & Plano Clark, 2011).

During the recruitment process, several potential participants asked if they were eligible to participate if they were unsure if their new partner was in a parenting role to their children. If this question was posed, they were asked if their new romantic partner was living in their household and if they were assisting in caregiving for the potential participant's child or children (e.g., watching the children if the

surviving parent was away on business, reading to children at night). If the potential participant acknowledged that their new romantic partner was living in the household and assisting in caregiving tasks, they were informed that they were not eligible to participate, as their experience would be too different from the rest of the participants in the sample because the goal was to capture their experiences as single, widowed parents. The following section discusses the techniques used to recruit study participants in this study.

Recruitment

For this study, participant recruitment included: in-person, online-based support groups, and snowball sampling. Prior to participant recruitment for this study, the researcher shadowed six sessions of a bereavement support group for bereaved adults. The group had 2 co-facilitators and was attended by six bereaved individuals whom had lost a loved one (e.g., mother, life partner). Shadowing this support group allowed the researcher to gain sensitivity and awareness of how to talk about grief with others and familiarize herself with communication norms used by group facilitators. Although she did not recruit from this support group, this training exercise informed the researcher in her role as an interviewer and was a crucial step in preparing her to work directly with bereaved individuals.

All potential participants were recruited using purposive sampling methods. Purposive sampling methods allow individuals to be selected to participate in a study based on their direct knowledge of and ability to express their experiences about a certain phenomenon (Speziale & Carpenter, 2003).

Recruitment of participants took place from March 2019 to November 2019.

In-Person Recruitment

The initial recruitment strategy involved contacting nonprofit and other bereavement support organizations in the area that assist children and families who are grieving a loss of a loved one (e.g., Mary's Place: A Center for Grieving Children and Families). Twenty organizations were contacted and asked: 1) permission to distribute flyers containing study information; 2) if a representative of the

organization or the researcher could inform parents who are attending support groups of the potential opportunity to participate in the proposed study; 3) permission for online advertisement of the proposed study via the organizations' social media platforms or website (e.g., a website newsletter); and 4) if study information could be distributed through the organization's listserv (if applicable) that is commonly used to contact the organization's participants. Three of the 20 organizations contacted agreed to have study flyers (see Appendix C) displayed on the premises and/or to distribute study information through the organization's listserv. Potential participants then contacted the researcher if they were interested in participating in the study. This recruitment method yielded 2 participants.

Online Recruitment

Recruitment also occurred utilizing an online platform called Meetup.com. On Meetup.com, users can join online groups to meet new people, learn new things, and find support within their community. Once an individual has joined an online group on Meetup.com, online group organizers may host or set up gatherings and provide information to group members through their online group's web page. Users who belong to the group see posts including details of an event or gathering and can choose to participate in the event or gathering with others who are part of the group if they are interested or if their schedule allows. There are several groups on Meetup.com specifically for widowed parents in and around the area, which is consistent with research suggesting that parents, particularly fathers, are more likely to use covert means of support, such as online websites, to address their grief as opposed to seeking out social or emotional support from friends, family members, or mental health professionals (Yopp et al., 2015). This recruitment method allowed the researcher to reach a greater number of potential participants in a shorter amount of time and provided access to potential participants who were not actively enrolled in a formal bereavement support program or group. To recruit from Meetup.com, the researcher contacted 10 online group organizers of bereavement groups for young widows and widowers in the area, described the study, and asked if they would be willing to post a PDF file of the study flyer on their online group's web page,

which is available for all group members to view. Three of the 10 online group organizers agreed to share study information with their online group, and potential participants contacted me if they were interested in participating in the research study. This recruitment method yielded 7 participants.

Snowball Sampling

A final recruitment method utilized for this study was snowball sampling, in which participants were asked to identify other potential participants for the sample (Creswell, 2015). After each interview, participants were given a study recruitment flyer and asked if they would be willing to distribute or share this information with other parenting widows or widowers they know who might qualify for the study and be interested in participating. This method of study recruitment yielded 3 participants.

Procedures

During participant recruitment, interested prospective participants contacted me through email or by phone call and conveyed their interest in participating in the study. During this exchange, the researcher ensured that prospective participants met the study's inclusion criteria and arranged a convenient place and time to meet with the participant for an interview. All interviews were conducted in person due to the sensitivity of the topic of the research study. As phenomenology is both a philosophy and a methodology (Merleau-Ponty, 1962; Cypress, 2017), the researcher utilized Creswell's (1998) descriptive phenomenological approach as a method of data collection for this study. Guided by Creswell's (1998) approach, information was gathered from participants via interviews within a natural setting: 8 participants (66.66%) were interviewed in their home; 2 participants (16.67%) were interviewed in their place of work; and 2 participants (16.67%) were interviewed in a coffee shop in which they frequented. First, participants provided consent to study participation and agreed to be audio recorded. As part of the consent process, participants were informed that they would be compensated for their participation with a \$40.00 gift card to Target stores. Following the consent process (see Appendix D), participants completed a pen and paper demographic survey (see Appendix E).

Due to the sensitive nature of the research topic, before each interview the researcher reminded participants that participation was voluntary and that they could cease participation at any time during the interview. Additionally, at the beginning of each interview the researcher carried out bracketing, or the act of remaining objective about one's own perspective of the studied phenomenon (Tufford & Newman, 2010), by disclosing a full description of my own experience of the phenomenon with participants (Creswell, 1998). At this point, participants were told that the researcher's interest in this research topic stems from her own personal experience of the death of three of her uncles, all of whom had children of various ages with three of her aunts, whom all took different paths in terms of their roles as parents to their children, her cousins, after her uncles' deaths.

The researcher then carried out semi-structured, in-depth interviews with participants, who responded to predetermined questions intended to elicit their lived experience of parenting their child following the death of a co-parent. Below is a sampling of a few of the questions:

1. What was [deceased's name] like as a parent?
2. Before [deceased's name's] death, please tell me about your relationship with your child(ren). What stands out to you most about your relationship with them?
3. During a typical day, please describe your roles and responsibilities as a parent after death.

Please see Appendix F for the full Interview Schedule. During the interview, the researcher focused on the meaning of parents' descriptions (Creswell, 1998). While she utilized her interview schedule as a guide throughout each interview, the researcher was attentive to the natural flow of conversation with each participant and was flexible in the order in which she asked participants questions, as some aspects of the interview schedule were presented as part of the natural conversation with participants. Based on participant responses, in some cases the researcher asked additional questions of the participant to move the conversation along, such as "Is there anything else that you can think to add about parenting with your husband before he passed away, anything that might be helpful for me to know about that time?"

Throughout each interview the researcher also took measures to gain rapport with participants and make them feel at ease through means such as maintaining a positive attitude, appearing friendly and curious during the conversation, restating information provided by participants in their own words, and using informal prompts during conversation (e.g., “Wow!.” “Okay.” “Interesting.”; Leech, 2002). Interviews with participants lasted between 46 minutes and 168 minutes, with an average of 85 minutes.

Participant Characteristics

The sample consisted of 12 parents: 11 mothers (91.7%) and 1 father (8.3%). Parents on average were 47.50 years old ($SD= 6.08$), ranging from 39 to 59 years old. All parents (100%) identified as the biological parent of their child or children (91.7% biological mother; 8.3% biological father), and one mother (8.3%) also indicated that she was a step-mother to her deceased partner’s children from a previous relationship. The average number of children per family was 2.25 ($SD= 1.18$) with a range of 1 to 7 children per family. A majority of parents in the sample identified as White ($n=9$; 75.0%), while the remainder of the sample identified as Black or African American ($n=2$; 16.7%) or Cuban American ($n=1$; 8.3%). In terms of the highest degree of schooling, one third (33.3%) of parents completed a Bachelor’s Degree, one third (33.3%) completed a Master’s Degree, and 8.3% ($n=1$) completed either a Doctorate, Associate Degree, attended some college but did not earn a degree, or earned a high school degree/GED equivalent. Parent’s average household income varied: 2 parents (16.7%) earned less than \$50,000, 2 parents (16.7%) earned between \$50,000 and \$74,999, 3 parents (25.0%) earned between \$75,000 and \$99,999, and 5 parents (41.7%) earned over \$100,000 annually.

All parents (100%) were married to their partner before the death, and on average knew their partner for 224 months (18.66 years; $SD= 123.37$ months or 10.28 years) before death, ranging from 72 months (6 years) to 480 months (40 years). Two parents (16.7%) indicated that their marriage was interracial. Cause of death for the deceased parent varied: Three partners (25.0%) passed away from glioblastoma (brain cancer), 1 (8.3%) from asthma, 1 (8.3%) from multiple myeloma (blood cancer), 1

(8.3%) from epithelioid sarcoma (soft tissue cancer), 1 (8.3%) from colorectal cancer, 1 (8.3%) from gallbladder cancer, 1 (8.3%) from gastric cancer, 1 (8.3%) from a brain bleed caused by leukemia, 1 (8.3%) from liver failure, and 1 (8.3%) from suicide by hanging (this individual had a history of mental health problems, including paranoia, depression and possibly undiagnosed bipolar disorder, and had a previous suicide attempt). At their time of death, deceased parents were on average 46.29 years old ($SD=7.62$ years), with ages ranging from 34 to 61 years old, and target children were an average of 7.49 years old ($SD=5.48$ years), with their ages ranging from 10 months to 17 years old at the time of their parents' death. Participants volunteered to participate in the study on average 34.92 months (2.91 years; $SD=19.95$ months or 1.66 years) following the death of their partner but ranged in participation from 8 months to 78 months (6.5 years) post-death. At the time of participation, target children on average were 9.69 years old ($SD=5.46$ years) and ranged in age from 6 years old to 22 years old. Following the death, a majority of parents lived in their household with only their child or children ($n=8$; 66.66%). Some parents indicated that another person was living in their household who helped to provide caregiving support for their child or children: 1 parent (8.3%) had their mother (child's grandmother), and another parent ($n=1$; 8.3%) had an au pair. One parent (8.3%) was an empty nester whose children were living away at college, and one parent (8.3%) was living with 5 of her biological children and three grandchildren. See Tables 1 and 2 for demographic information.

Table 1*Demographic Characteristics of Deceased Parent (N=12)*

Deceased Parent Age at Time of Death M (SD)	46.28 years (7.62 years)
Deceased Parent's Cause of Death	
Glioblastoma (Brain Cancer) n (%)	3 (25.0%)
Asthma n (%)	1 (8.3%)
Multiple Myeloma (Blood Cancer) n (%)	1 (8.3%)
Epithelioid Sarcoma (Soft Tissue Cancer) n (%)	1 (8.3%)
Colorectal Cancer n (%)	1 (8.3%)
Gallbladder Cancer n (%)	1 (8.3%)
Gastric Cancer n (%)	1 (8.3%)
Brain Bleed Caused by Leukemia n (%)	1 (8.3%)
Liver Failure n (%)	1 (8.3%)
Suicide by Hanging n (%)	1 (8.3%)

Table 2*Demographic Characteristics of Surviving Parent and Children (N=12)*

Surviving Parent Characteristics (N=12)	
Mothers n (%)	11 (91.7%)
Age at Time of Partner's Death M (SD)	46.29 years (7.62 years)
Age at Interview M (SD)	47.50 years (6.08 years)
Biological Parent of Children n (%)	12 (100%)
Married to their Partner before Death n (%)	12 (100%)
Length of Time Knew Partner M (SD)	18.66 years (10.28 years)
Time Since Co-Parent's Death M (SD)	2.91 years (1.66 years)
Surviving Parent's Race	
White n (%)	9 (75.0%)
Black or African American n (%)	2 (16.7%)
Cuban American n (%)	1 (8.3%)
Surviving Parent's Education Level	
High School Degree/GED Equivalent n (%)	1 (8.3%)
Some College, No Degree n (%)	1 (8.3%)
Associate's Degree n (%)	1 (8.3%)
Bachelor's Degree n (%)	4 (33.3%)
Master's Degree n (%)	4 (33.3%)
Doctorate n (%)	1 (8.3%)
Surviving Parent's Average Household Income	
Less than \$50,000 n (%)	2 (16.7%)
Between \$50,000 and \$74,999 n (%)	2 (16.7%)
Between \$75,000 and \$99,999 n (%)	3 (25.0%)
Over \$100,000 n (%)	5 (41.7%)
Child Characteristics	
Number of Children per Family M (SD)	2.25 (1.18)
Age of Child at Parent's Death M (SD)	7.49 years (5.48 years)
Age of Child at Interview M (SD)	9.69 years (5.46 years)
Living in Household After Death	
Only with Child/Children n (%)	8 (66.66%)
Living with Additional Support in Home n (%)	2 (16.7%)
Children and Grandchildren in Home n (%)	1 (8.3%)
Empty Nester n (%)	1 (8.3%)

Data Management

An Olympus Digital Voice Recorder (WS-853) was used to record each interview. Interviews were transcribed verbatim into Microsoft Word documents by the researcher and an undergraduate research assistant. The researcher transcribed eight interviews (67% of the data), and an undergraduate

research assistant transcribed 4 interviews (33% of the data). After all recordings were transcribed, the researcher reviewed each transcript while listening to the corresponding audio recording of the interview and corrected any transcription errors. Next, any personally identifying information about participants (e.g., names) was removed from each transcript. The researcher then combined all Microsoft Word documents into one document and uploaded the document into NVivo 12 Plus, a qualitative data analysis computer software package. NVivo allows researchers to store, organize, and categorize data by highlighting and labeling text.

Data Analysis

In concurrence with data analysis, participants were interviewed for this study until data saturation was reached based on the rich descriptions provided during their semi-structured interviews, which is appropriate for a study with a phenomenological method (Morse, 2000; Polit & Beck, 2004). Saturation of data occurs when data collection produces little to no change or surprise in the information provided by participants in their rich descriptions of their experiences (Small, 2009). Additionally, it is suggested that data for studies that utilize a purposive sampling method will reach saturation sooner because participants are more similar in their experiences (Guest, Bunce, & Johnson, 2006). Thus, after collecting 12 interviews, no new information was presented that the researcher had not already heard from participants and saturation was reached.

As the goal of this study was to understand the lived experiences and meaning of parenting of surviving parents following the death of their co-parent, an inductive analysis was utilized to determine study themes. Inductive analysis involves the reading, analyzing, and rigorous coding of data in detail to develop themes based on interpretations made from the data (Thomas, 2006). This analytical approach was appropriate because it is a straightforward, simple, and nontechnical option for analyzing qualitative data (Thomas, 2006).

For this study, data was analyzed according to the process outlined by Thomas (2006) and Creswell (1998) for conducting an inductive analysis of qualitative, phenomenological data. First, the data files were cleaned and organized into a common format utilizing Microsoft Word, which was then uploaded into NVivo. Second, the researcher read through the text thoroughly until she was familiar with the content. Additionally, following Creswell's (1998) recommendation, the researcher made annotations in NVivo that described the meaning of the experience of participants while forming initial codes. Notes may be useful in making sense of the data and provide a marker for data one wishes to identify and attend to later (Muswazi & Nhamo, 2013).

Third, as part of the initial coding process, the researcher identified and listed statements of meaning for participants from specific segments of text. During this process, she began with broad codes (e.g., Before Death, After Death, Grief), which were broken down into subcodes (e.g., Parenting Before Death, Parenting After Death, Coping with Grief) throughout the process of reading through and coding the data (Miles, Huberman, & Saldaña, 2014). During this stage, the researcher attended to certain words or phrases used and often repeated by participants, as these are considered to be "good leads; they often point to regularities or patterns" in the data (Miles et al., 2014, p. 74). She then grouped these statements into categories, or themes, in which she tried to describe to the best of her ability the meaning of participants' experiences. During this stage, the researcher tried to be mindful of her interpretation of the data and name themes in a clear way that captured their content while being "clear enough to convey their meaning to a reader" (Elliot, 2018, p. 2856). To do this, the researcher often labeled themes using phrases or partial quotes from a participant, as to avoid inserting my own interpretation into the labeling of participants' experiences.

The researcher considered Harding's (2013) suggestion of attending to codes that were present across a minimum of 25% of participants when choosing final codes for this project. This suggestion served as a guideline in determining final themes because, as stated by Saldaña, "frequency of occurrence

is not necessarily an indicator of significance” (2016, p. 41) because segments of coded text could come from the same participant, and incidence of codes is contrary to qualitative methodology (Creswell, 2013; Elliot, 2018). As more themes developed, the researcher began to code segments of text into more than one theme, while other segments of text were not assigned into a category, as they were not relevant to my research questions.

Lastly, categories were revised and refined by selecting appropriate quotations that conveyed these core themes. The researcher interpreted the results by developing a description of participants’ experience in terms of what happened and how the phenomenon was experienced. Lastly, the researcher checked back with participants following the coding process to ensure that she correctly interpreted the meaning of their experiences.

Enhancing the Study’s Rigor

In addition to utilizing Thomas (2006) and Creswell’s (1998) method outlined above to analyze data, the researcher took additional steps to enhance the study’s rigor put forth by Colaizzi (1978). She read over transcribed participant interviews while listening to the audio recording of the interview to ensure that verbatim transcripts were accurate. This allowed her to interpret participant’s statements in the context of the interview, and enhanced the rigor of the study (Colaizzi, 1978; Poland, 1995). The researcher then reviewed transcribed interviews 2-3 times in order to identify significant statements of participants. To identify significant statements, sentences and phrases related to the research questions were extracted from each interview and coded using NVivo.

From reviewed statements, the researcher formulated meanings based on participants’ original descriptions that accurately represented their original descriptions. Theme clusters were additionally validated by referring back to participants’ original text as needed. The researcher did this to see if there was any information in the original text that was not included in the theme clusters, or whether there was meaning proposed in the cluster themes that was not proposed in the original data. If either of these

occurred, the researcher re-examined as necessary. Discrepancy between theme clusters (e.g. contradictory themes) were also noted, and the researcher proceeded with the certainty that what may be inexplicable might exist as valid and real. In addition, along with the researcher's independent coding, the PI of the study utilized an inductive approach and independently explored the transcriptions for emerging themes (Elliot, 2018). Emerging themes were systematically discussed by the researcher and the study's PI every three interviews, and consensus was reached across all codes and themes developed. Utilizing a consensus process can aid in the development of quality indicators of a phenomenon (Bobrovitz, Parrilla, Santana, Straus, & Stelfox, 2013).

Following the clustering and validation of themes, an exhaustive description of the phenomenon was produced, outlined in the Results chapters, which was as clear of a depiction of the phenomenon as possible. As a final validation of results, the researcher contacted participants via email or through a phone call to ask if the description that was formulated validated their original experience. These "member checks" helped to ensure credibility of the research findings and increase the study's rigor (Colaizzi, 1978; Lincoln & Guba, 1985, p. 314).

Bracketing

Bracketing involves being objective and maintaining intentionality about one's own perspective of the phenomenon which is being studied, which subsequently increases the study's rigor (Drew, 1999; Tufford & Newman, 2010). Husserl (1999) suggests that bracketing as part of the reflexive process allows the phenomenon to be purely displayed, and includes that "anything which is not contained in the phenomenon, even if intended by the phenomenon...is bracketed" (Husserl, 1999, p. 248). In this sense, the researcher remained "open to the data as they are revealed" by the group of individuals being studied (Speziale & Carpenter, 2003, p. 22). Based on the suggestions of Husserl (1999), the researcher carried out bracketing prior to the data collection process by disclosing a full description of her experience of the phenomenon to participants (Creswell, 1998). This was done by the research to ensure that her

experience of the phenomenon remained separate from those of surviving parents. Additionally, bracketing was carried out during the data collection process. Following each interview, the researcher wrote down her thoughts and feelings related to the interview in a field journal as an attempt to distinguish her own ideas from those of surviving parents. Completing this reflexive process allowed the researcher to be true to surviving parents' descriptions of their experiences of parenting following the loss of a co-parent and conveyed a clearer description of their experiences (Creswell, 1998).

Reflexivity

Reflexivity is a process by which a researcher consciously attends to and appraises the role that they play in influencing each stage of the qualitative research process (Koch & Harrington, 1998). All researchers bring in their own perceptions, understandings of, and accounts with the phenomenon they are studying, and therefore during data collection the researcher remained conscious of the relationship that she has with the phenomenon, as this influences the description and meaning of the data (Husserl, 1962). Husserl (1999) suggests that one can examine the intended meaning of the pure phenomenon and its potential validity as it is given within the data. Thus, during data collection the researcher attended to her role as a researcher in ways that allowed her to remain open to the data as provided by surviving parents to accurately capture their subjective experiences.

As part of the reflexive process, the researcher recognized that her social position as an educated, White, middle-class, woman enrolled in a doctoral program may influence the responses of her participants. In particular, the researcher's education status conveys to participants that she is a credible individual with access to educational resources. This may have put the researcher in a position of power in comparison to some interviewees depending on their social status. Despite this, a majority of interviewees made up the same or similar demographics as the researcher (e.g., well-educated, middle-class, White women) and a minority of the sample was of even higher status (e.g., one well-educated, upper-class, White male). For interviewees who were not of similar demographics (there were three

individuals who were of minority status and of a lower education level), the researcher tried to create more of an “egalitarian setting” by facilitating interviews as a conversation in comparison to the more traditional interview format in which the researcher holds an active and powerful role than the interviewee (Finefter-Rosenbluh, 2017, p. 7).

In addition to this, the researcher’s stance ranges between an outsider, or a person who is exploring an area that is unknown to them, and an insider, who serves as a member of the group being explored (Dwyer & Buckle, 2009). Although the researcher has an awareness of the experience of parenting as a single, widowed parent raising children through the close relationships she has with several family members in this position, relating to insider status, she have never personally experienced this phenomenon herself, relating to outsider status. Based on this in-between stance, the researcher experiences benefits and drawbacks in relation to both stances (Dwyer & Buckle, 2009). For example, from more of an outsider perspective, it was difficult for the researcher to gain access to participants, but from more of an insider perspective, she felt that she knew what to ask participants and could relate to the current issues that they discussed in relation to their experience (Finefter-Rosenbluh, 2017). Further, from an insider lens and in an attempt to minimize the extent that her familiarity would affect her research, the researcher acknowledged that although her family members have experienced this, her interviewees may not have the same experiences of which she has seen (Finefter-Rosenbluh, 2017). From an outsider perspective, as someone who has not truly experienced this phenomenon, the researcher acknowledged that being a stranger to her interviewees could be beneficial as it might allow her to see aspects of their experience that true insiders may take for granted (Finefter-Rosenbluh, 2017). Additionally from an outsider perspective, the researcher tried to be as friendly and conversational as possible during the interview to minimize outsider status and allow interviewees to feel more comfortable talking to a complete stranger (Finefter-Rosenbluh, 2017).

Ethical Considerations

Several steps were taken to ensure that data for this study was ethically collected and that participants were not at risk. Approval was obtained from the University of Connecticut's Institutional Review Board and permission from the three nonprofit and bereavement support organizations to inform parents via flyers, support group communication, or social media of the opportunity to participate in the study. After confirming the study's inclusion criteria with parents, the researcher obtained their informed written consent (see Appendix D) prior to their interview. During the interview procedure and when contacting the parent for member checks, written and verbal consent with the participant was obtained beforehand.

The study attempted to minimize psychological risk due to the provision of support available to parents through the support groups that they attended at their respective nonprofit and other support-based organizations. The researcher further attempted to minimize psychological risk by providing participating parents with a list of immediate resources that included emergency phone numbers for dealing with psychiatric crisis and books and websites for coping with grief and loss as a widowed parent with young children. Before the start of each interview, participants were reminded of their right to withdraw from the study at any point during the study if they felt uncomfortable or became emotionally distressed during any point of the interview, and during the interview would check in with participants to make sure they were ready and able to continue. Lastly, prior to data collection the researcher shadowed a grief support group, which prepared her to have conversations with grieving individuals in a more sensitive way and be more mindful of their distress.

Participant Confidentiality and Protection

During this study, the researcher exhausted all measures to ensure that participant information remained confidential and protected. Following participant interviews, audiotapes and demographic surveys were stored in a locked cabinet. All transcribed interview data was confidentially stored on a

password protected flash drive that when not in use was kept locked in a cabinet. In addition, the data was de-identified during the transcription process by using participant identification numbers (e.g., 1901), replacing participant names with pseudonyms within the transcript, and removing all names of children and family members that were discussed during the interview process. Pseudonyms that were assigned to each parent were only known to the researcher to preserve participant confidentiality and are used in this dissertation and other research documents.

Presentation of Findings

Study findings are presented in three chapters: Co-Parenting before Decline and Death Results, Co-Parenting during Decline and Death Results, and Parenting after Death Results. Supporting quotations for relevant themes are presented as italicized, standalone paragraphs and short quotations embedded within a paragraph. While the researcher is aware that more themes may nominally exist than those presented in the Results chapters in relation to the experience of parenting after the death of a co-parent as a young widow, when choosing representative themes she focused more on how widespread a code was across participants as opposed to the number of times the code appeared in the data (Harding, 2013).

Summary

Throughout this project the aim was to understand the lived experience, including the meaning of parenting and parent-child relationship, parenting practices, and understanding parents' day-to-day experiences after the death of a co-parent. These points of interest are addressed using qualitative research methodology, specifically a phenomenological approach. Semi-structured interviews provided the most sensical approach for collecting data because they allow flexibility between researcher and participant while letting participants dictate information that they deemed important to their experience. The next three chapters will discuss the results of this study. In order to capture the change in surviving parents' lived experiences, the themes and subthemes procured during data analysis were grouped in chronological order in relation to parenting before the decline and death, during decline and death, as well

as after the death to truly capture the gravity of participants' lived experiences as surviving parents, thus providing the structure of the Results chapters. In line with the aims of this study, the bulk of the findings are focused on parenting after the death of a co-parent. Findings in relation to research questions will be answered throughout each of the Results chapters (Chapters 4-6) and further discussed in detail in the Discussion chapter (Chapter 7).

Chapter 4: Co-Parenting before Decline and Death Results

In order to understand the lived experiences of surviving parents, it is first important to understand their experiences prior to their partner's death. Understanding their experiences prior to the death will help inform understanding of co-parents' lived experiences during and after death. In Chapter 4, 5 subthemes that emerged from analysis of the interview data are presented that relate to surviving parents' experiences of parenting before the decline and death occurred and co-parents were parenting their child or children together. Chapter 4 provides a description of surviving parents' lived experience before death to further highlight the change that surviving parents' lived experiences following the death of a co-parent.

The subthemes of this chapter support the main theme that when the deceased parent was still alive, parenting was an easier, more enjoyable experience because co-parents were able to work together fairly efficiently as co-parents. According to Belsky's (1984) Process Model of Parenting, this provides evidence of what the parenting experience was like 1) when the marital relationship was still intact; and 2) before grief affected surviving parents' characteristics in relation to parenting. The findings illustrate that for this sample of parents, before their co-parents' death, the deceased was an involved parent in childrearing tasks, and parents utilized a "tag team" approach to parenting their child or children. In addition, surviving parents acknowledged that before the death occurred, their partners may have adopted different parenting strategies than their own when parenting. It is also important to note the influence of the role of gender in surviving parents' lived experiences at this time point, which is interwoven throughout this chapter. These findings relate to debunking gendered stereotypes in parenting, as seen in the father involvement communicated from younger widowed mothers in the sample, who expressed experiencing more co-parent involvement in raising their children, and a gendered division of labor for older widows in the sample, as older widows recalled handling more of the parenting responsibilities while their co-parent handled more of the household chores.

“And from day one he was caring of her”: Deceased Parent Was Involved Parent

Before surviving parents experienced the death of their co-parent, many of them perceived their co-parent, or husband, to be very hands on and helpful with various parenting tasks, often when children were infants or toddlers. Some mothers in the sample recalled that their partner was so engaged in their role as a father that it lessened their own load as a parent. Jennifer, whose co-parent passed away from a brain bleed caused by leukemia at the age of 45, recalled her husband's parenting of their daughter during infancy:

He was very hands on, like the first year of her life like he would take her to the diner with him when she was in a little, you know, car seat, 6 months old, and let me sleep in in the mornings. So he was, he was really hands on, I mean he, you know, even up until before he passed, he was getting up, he would make her lunch, he would drop her off at school most mornings.

Other mothers, like Amanda and Michelle, recalled their husbands' involvement in the middle of the night with tasks such as changing diapers and breastfeeding when their children were infants, Amanda's husband passing away from epithelioid sarcoma, an aggressive form of cancer, at the age of 34 when their daughter was just 10 months old. Amanda explained:

And from day one he [her husband] was caring of her, he was loving on her. If I woke up in the middle of the night he'd wake up with me, and I'm like, 'Why? You have to go to work', and he's like 'No' and I would go into the living room... and he would sit in a chair and like kind of doze off but he would be like, 'Need anything?', and he would like, close his eyes, and, you know he would try to stay up with me and, you know, he was, every step of the way, like in the morning he would... she woke up and he would try to change her diaper for me so that she was fresh and ready. You know, he loved bath time.

Michelle, whose husband passed away from gastric cancer at the age of 43, also told me about her husband assisting and emotionally supporting her when she would breastfeed their daughter at night:

But he [her husband], I remember him like getting up, you know, in the morning with me and coming in to like, pick up the baby and put her in my lap and, you know, help me get settled with her, you know, a lot of husbands, you know, especially if they have to get up 3 hours later and go to work and they're like, 'Figure it out' you know? Like, am I going to get up with you at 3 in the morning, one of us needs sleep. But he did, he would like get up and help, he was like, that kind of guy.

Other mothers, such as Heather and Sarah, discussed how their husbands' involvement when their children were infants stemmed from simply not having a choice. Heather, who had twin daughters and a son, all under the age of 4, with her husband who passed away from multiple myeloma, a rare form of blood cancer, notes how his involvement was necessary due to having three young children in need of constant care:

And he always, you know, he was always changing diapers, you know, and, pushing the stroller or the jogger if we were out on a hike with the kids. You know, putting a kid on his shoulders. Just, whatever, very, very physically hands-on with the kids. I think part of that too, it comes from just being a good Dad and wanting to be a good Dad, but also when you have twin newborns, you have to be.

Sarah, whose husband passed away from gallbladder cancer at the age of 39, suffered from postpartum depression following the birth of her daughter. She told me of her husband's involvement in stepping up and fully taking on all parenting tasks, such as diaper changes and cuddling, when she could not:

I mean, when she was born, I was just a hot mess... I was just a complete hot mess. I had hardcore postpartum depression, it was awful... He just, like, stepped up. He was, he you know, he changed her, you know, he snuggled her, you know, he just loved her so, so much.

And Angela, whose co-parent died from an asthma attack at the age of 47, told me of her husband's involvement and special bond as a father even before their daughter's birth during her pregnancy. Of her husband, she said:

*He started parenting before I even had [daughter]. He would put headphones on my stomach. He'd open my mouth and kiss inside and blow it down, you know? *Laughs* I had to talk him out of putting the baby seat in the back seat when I was 6 months pregnant.*

“I did much more of that hands-on parenting”: Gendered Division of Labor

For the oldest women in the sample, however, their co-parent did not take part in parenting tasks as directly or in the same way as was seen with younger fathers. Instead, participants conveyed that their deceased co-parent was more focused on household and home-related chores (e.g., cooking, yard projects). Some participants acknowledged that this was still helpful to them even though it left them to

handle the parenting tasks. These experiences were noted when participants described their day-to-day routines with their husbands and child or children. Susan, whose husband passed away from colorectal cancer at the age of 57, communicated her husband's role as her two daughters grew up:

...So early on I did much more of that hands-on parenting. And so, [husband] had his specialties. I don't cook, he loved to cook, right? So I would organize these elaborate birthday parties, and he would be on cake and food and all that stuff, and you know, Thanksgiving, that was his.

Similarly, Karen, whose husband passed away from glioblastoma, a rare form of brain cancer, at the age of 51, recalled her direct care of her children while her husband's morning routine was cooking breakfast:

My husband would go downstairs. He was, he was a breakfast person, so he will cook breakfast every single morning, every single morning. He will cook, I would iron the clothes. I would be getting the kids together and get them showered and getting them all situated, putting their clothes on.

Lisa, whose husband passed away from liver failure at the age of 51, detailed her husband's help with chores around and outside of the house while she managed more of the direct care for her children:

Yeah he was just kind of, loved doing his yard and hanging outside and doing projects in his yard and stuff like that so... And would help around the house like, not all the time, kind of sloppy at times, but yeah it was good... [Before he died I would be] just getting the kids like, ready for school and stuff. Food, you know, making sure they had what they needed. Their physicals were done, their eyes, their contact lenses, that type of thing, making sure like, you know, that they were doing what they needed to do as far as homework and school and things like that.

“We were just tag teaming it”: Parents Worked Well Together

Many surviving parents, speaking of their experience of parenting before their co-parent's death, discussed a back and forth flow of parenting exchanges between co-parents, often used as a “hand-off” strategy while co-parents parented their child or children. Jennifer described that she and her co-parent would utilize this “tag team” strategy to allow for “breaks” in parenting and detailed how this exchange would work between her and her husband:

He would kind of like let me, and then I would deal with her for a while, and then, you know, like a hand off would happen almost... And so that was very effective for me, because it was like, I didn't

feel like I was always parenting with her, it was like, you know, he would step in and handle some, you know, and then step back out and then, you know like he... We gave each other breaks, and he would be like, you know, be watching TV or doing something on his iPad or doing some work, and then I'd be dealing with her, and then he would stop and I would- I would get a break and, you know, check my phone or whatever so there was- it was sort of like that trading off.

Amanda and Michelle describe similar experiences:

Amanda: And we put [oldest daughter] down and we tried to eat dinner because we now no longer could eat dinner together. It was like, 'Okay you hold her, I'll eat dinner, and then we'll switch and I'll hold her, you take a shower, you go to the bathroom' ... you know? It was just like, we were just tag-teaming it, you know, we just didn't want her to cry.

Michelle: I don't know if we had such distinct roles... it was more just back and forth of like, I had someone to share with or I had someone to break the mood, or distract, or come in and kind of like, change the, like tag team.

Michael, whose wife had a history of mental health issues and passed away from suicide by hanging at the age of 44, also shared with me that he and his wife fell into phases of unplanned parenting “hand offs”, described by other surviving parents in this sample, as a means of crisis management while parenting, stating:

And so, it was little bit of a, kind of a hand off, but not really a plan or framework of, 'Okay, I'll do this, you do this, and then you get some leisure time here, I get some leisure time here.' It was more of a, 'Okay, I come in,' and anytime there is a crisis it's like, 'You take it over, I need to go disappear here.'

“Like, there’s a difference”: Deceased Partner Parented Differently

Surviving parents in the sample discussed the nuances in parenting that they experienced with their co-parent. Differences were noted, namely in the way that each parent would interact directly with their child or children. Angela described a situation in which she and her husband used to react very differently to their daughter’s requests:

*When he was alive, she [daughter], from upstairs, she'd say, 'Daddy, I'm thirsty,' and he'd say 'Okay, coming baby!' And me, she'd say, 'Mommy, I'm thirsty,' and I'd say, 'Come down and get something to drink, baby.' *Laughs* Like, there's a difference.*

Jessica, whose husband passed away from glioblastoma brain cancer at the age of 38, told me about a difference between her and her deceased co-parent's watch over their younger son, noting his drive to protect the child more so than her own:

*And he was always like 'Careful! He's getting on top of that, he's going to grab that!' Like vigilant, of, you know, danger... Almost I would say to an extreme. *Laughs* That's maybe because of me, I'm not that extreme. I'm more of like, 'let things happen' kind of thing. I sort of asses the danger, like, 'What's the worst that could happen? He'd get a bump on his head, he'll be fine.' You know what I mean?... He wasn't as much of a risk taker.*

Sarah and Karen conveyed in their conversations with me that their deceased co-parents had a presence with their children that aided them in disciplinary action as a parent. Both of these participants noted that this was a parenting advantage when their deceased co-parent was alive because their disciplinary strategies are not as effective with their children. Sarah states:

*He had this presence, I mean he was 6'4", he had a very deep voice... So he could be pretty intimidating with just a look or just a word... Me, not so much *Laughs* When I have tried to sound all stern and discipline-y, she laughs at me. I'm like, 'That's not how it works!'*

Karen also conveyed a similar experience:

Just his presence alone would have the kids, kind of, you know, not petrified, but he would put them in their place, you know? He had that authority. I don't have that authority like he did, 'cause I always rescued them, so I can't pull a [husband] on them now, you know?

“I was so happy to do it”: Parenting was an Enjoyable Experience

Many surviving parents reflected on their view of parenting as an enjoyable experience prior to the death of their co-parent. Some participants discussed the experience of parenting in general as being a positive experience. Jennifer shared her experience of parenting before the death:

I was so happy to do it yes, yes, and I couldn't have been happier... I mean, it's really what I wanted for the longest time... That was all I wanted was, you know, was to find someone and settle down and have a child.

In my conversation with Michelle, she offered her parenting view prior to death in comparison to her current parenting view, stating “I mean that, there was a lot more joy to it, a bit more joy, but there was, there was less struggle along with the joy.”

Other participants specifically incorporated their deceased co-parent into their description of how they viewed parenting before death, most noting that the experience of parenting was something that they intended to do together with their co-parent. Angela told me that she and her co-parent were intentionally starting a family that they intended to raise together, stating:

It was good, it was nice. It was fun because we're older. We're not young and, 'Oops, I'm pregnant!' We wanted to have a baby, you know, so...Yeah, we enjoyed it. You know, whatever we went through, we enjoyed it and we did it together.

Amanda also shared with me the joy that she experienced in raising her daughter with her co-parent “... we were enjoying her and watching her grow and change and mold and, you know, had so many little fun moments and times with her.” Jessica expressed her positivity in recalling the time she and her co-parent spent together as a family with their children, adding that having children was something sought after by both she and her co-parent “I mean, we did a lot of fun stuff together, you know like, it was, prior to especially having those issues yeah, I mean we were great. We both wanted kids.” Heather, while discussing the demands of parenting newborn twins with another child on the way, noted her co-parent as being with her every step of the way, sharing:

You know we, I enjoyed all of it. And, and my son was totally unexpected. I mean, I was 40 years old... And obviously I was nursing twin girls and then I got pregnant with [son's name], and it was like, bananas... And, you know, he took it all in stride. I mean, we enjoyed it, together.

Sarah brought up the hurdle of her experience with postpartum depression and how once that passed, she enjoyed parenting alongside her co-parent “It was more of a happy time because the postpartum, it went away in about a month... So, then it was more of a happy time because we were doing this together.”

Michael also shared with me the positivity he experienced while parenting with his co-parent when she was not experiencing job-related stress before her death, stating:

It [parenting] was divided into... there were times when we were in a crisis trying to work out of a crisis versus when we weren't in a crisis. When we were not in a crisis, it [parenting] was a very positive time.

Summary

Based on the statements of participants highlighted in this chapter, surviving parents in this sample indicated that co-parents balanced each other out in terms of their different ways of parenting and type of involvement with caregiving versus household tasks. It was clear that most surviving parents in this sample acknowledged their deceased co-parent as a source of support that contributed to an overall positive and enjoyable view of parenting before their co-parent's passing. More information about surviving parents' parenting experiences during and after their co-parent's decline and death will be emphasized in the following results chapters, 5 and 6.

Chapter 5: Co-Parenting during Decline and Death Results

The results of this chapter support a change in the experience of surviving parents in which they enter a transitional stage due to their co-parent's illness. This reflects components of FDT, as decline and death are considered to be unexpected events in the co-parent's life that impact their family's dynamic and cause transition (Rodgers & White, 1993; White & Klein, 2008). For surviving parents, this transition includes the challenge of shifting between their role as a parent to their children and a caregiver to their spouse, all while simultaneously witnessing the decline of their partner. Specifically, the findings in this chapter highlight 3 main themes. These themes include: 1) Surviving parents experience an emotional journey during their partner's illness, 2) Surviving parents were on a role "rollercoaster" during their partner's illness, and 3) Male partners put off seeing the doctor. These themes are portrayed across 8 subthemes of this chapter, which illustrate that several surviving parents' parenting responsibilities were amplified as their partner's physical health and ability to assist with parenting tasks declined. Surviving parents were left to simultaneously manage their roles as parents to their children and as caregivers to their spouses, which took an emotional toll, even when parents had additional support in place from their community, family, and online resources. At this transitional point, a gender-based observation emerged from speaking with this sample, which included a pattern in the data of husbands not wanting to utilize the healthcare system for initial diagnosis or treatment of their illness, which put additional strain on surviving parents. An additional major hurdle for many surviving parents involved the difficulty of conversing with their children about their co-parents' death in a way that was age appropriate and reflected their beliefs on the afterlife. Added responsibilities and the degree of role management may vary for surviving parents depending on the severity and complexity of the co-parent's illness during their decline and death. This variation may account for individual differences in parenting functioning as portrayed in Belsky's (1984) Process Model of Parenting.

Theme One: Surviving Parents Experience an Emotional Journey during their Partner's Illness

“There’s a lot of grief before”: Anticipatory Grief before Death

Some parents in the sample shared with me that they experienced grief even before the death of their co-parent because of their decline in health after diagnosis with a chronic illness. Amy told me “So even though it’s been three years since he died, really he started changing before that, so there’s a lot of grief before that, too”. Michelle described the grief she experienced throughout her daily routine as her husband was being treated for gastric cancer. She shared:

It was like I couldn’t let myself kind of sit with it and just be upset, it was like, ‘I’m crying and I’m still doing the dishes’ and ‘I’m crying and I’m still going to the chemo session,’ and, ‘I’m crying and I still need to get to work,’ like, it was kind of just like, nonstop motion that I was in.

Sarah also shared that she began grieving after her husband was diagnosed:

I think I didn’t really know how to handle my grief at first, when it started, so my grief, actually started with the diagnosis... I knew it was terminal. We knew there was an expiration date, we just didn’t know what that expiration date was. So I was grieving every day until the last day.

“It was such a cycle of hope and disappointment”: Juggling Emotions

Some surviving parents in this sample shared with me the “emotional rollercoaster” that they experienced after learning of their co-parent’s diagnosis and managing treatment. Michelle reiterated her struggle as caregiver and parent during this time, but also expanded on the emotional toll that it took on her. She shared:

I think one of the hardest things, aside from the logistics of being a mom of a 3 to 5-year-old, having a full-time job, trying to take care of him and be there for him with treatments and all these things, was sort of this emotional rollercoaster of you know, ‘He’s going to die! He might live! Oh my God, no, he’s going to die again! Oh my God, he might be saved! Oh my God, he almost died! Oh my God, he’s better!’ and on and on and on. It was literally such extremes.

Susan described a similar “emotional rollercoaster” experience to Michelle’s during a phase of her co-parent’s treatment and emphasized that she felt that she had little control over the situation. Susan told me:

So, there was that kind of like, like the, emotional rollercoaster of like, it's always changing and you have to kind of just go with it because this is your reality right now, and whether it's fighting about who's going to do the IV or like, no you have to go to clinic, you know, all these things it's kind of like, it's like, the raw edge of dealing with all of that... And that's overlaying with then, you know, sometimes he's fine, you know? He gets the IV and blah, blah, blah, we're good, you know?

And Heather also discussed the ebb and flow of her emotions as she watched her husband try numerous treatments in an attempt to manage his multiple myeloma, ultimately exhausting all treatment options after 19 months. She states:

And, you know, it was just such a cycle of hope and disappointment and hope and disappointment, and stuff seemed to work in the beginning and then it didn't. And, the cancer was just so aggressive... that it just, every time we would do something, it would just come back stronger.

“He did what he could”: Illness Impacted Partner’s Parenting

Some surviving parents in the sample noted a change in their co-parent’s parenting capability, which they mention was impacted in some way because of their co-parent’s illness. Amy, whose co-parent passed away from glioblastoma, a rare and aggressive type of brain cancer, at age 40, told me:

Initially he could [parent], like when he was first diagnosed. Like, he was still watching her, and he was still able to care for her, but probably about 6-8 months after he was diagnosed, he couldn't do anything anymore, and that's when she was like one and a half, and she was like all over the place... It was just too much stimulation for him, so he would just shut himself in the bedroom.

Jessica, whose co-parent had glioblastoma, a rare and aggressive form of brain cancer, shared with me that because of the brain tumor, her husband’s personality changed, and this was reflected in his parenting of their youngest son, who at the time of his father’s death was only 4 years old. Jessica told me:

The biggest challenge was parenting while he was sick... ‘Cause he'd be more short-tempered, you know?... Or things would aggravate him, so he did a lot of yelling to my son, ‘cause he's a kid, he was like, younger, and it was like, [son] no!’

Sarah also acknowledged that because of the pain incurred by gallbladder cancer, her husband was limited in how he could assist in parenting tasks with their daughter, but he would still try to help. Sarah shared:

It was really hard for him because he was in so much pain. He couldn't really pick her up... He couldn't, he couldn't really change diapers or anything, because like, bending made him hurt... Because the pain was generally centralized in his lower back, so bending hurt... So, he did, he did what he could.

Support

“She was super helpful”: Help from Family, the Community, and Babysitters. Many participants in this sample shared with me the various means of support that they received from individuals within their lives in the period before their co-parent’s passing. For Amy, this support was found in the conversations she had with a coworker who would allow her to “open up” and “vent” about her experience. She also acknowledges the support that she received from her sisters-in-law:

So the job that I had, I did home visits with moms and babies. And we’re required weekly to meet with our supervisor, and usually it’s just about our caseload, but I would just talk to her about my life, and so that was like my therapy during the time, that was very helpful. His sisters, who I’m still really close to, that was very helpful.

Michelle shared with me that her mother-in-law was very helpful to her and her daughter during her co-parent’s treatments. Additionally, she noted that friends within the community where she lived with her co-parent lessened her burden during this time by providing the family with meals:

We did have his mom, who lives 3 hours away, but she is a nurse, and so she was very involved, you know? And this was her first born child, and her only son and, so she went back and forth and came to a fair number of the doctor’s appointments, and appointments with chemo sessions, and helped cover that... You know, we had some people bring meals and things so that was nice. That didn’t help [husband’s name] as much, but it was helpful for me and [daughter’s name].

Susan also described her experience of support from within her close-knit community, referencing a friend who lived close by and could assist her set up intravenous injections in her home:

I feel very fortunate being in this neighborhood that’s a community. And across the courtyard is a friend of ours who is a nurse, a visiting nurse, and so we just called her and she, you know, this is routine for her.

Heather discussed the support that she received from her own as well as her co-parent’s mother, saying:

And, so, we did that, and that [treatment] required him to be in NYC for several months. So during that time I was, my mom stayed here with us, with the kids, and I went to NY 4 days out of the week, took the train, came back, we had, like, an apartment there... [Reflecting on another point in time] And I had his mom here with me, thank God. She's older, but she's a nurse... And she took care of her husband, you know, my father-in-law, he died of pancreatic cancer at 77, and she took care of him in his last few weeks. And so she was super helpful.

Sarah shared with me that before her co-parent passed away during his illness, they had nannies or babysitters that assisted Sarah with parenting tasks, especially when her husband was too fatigued to help.

Sarah shared:

He was home, but we also hired a nanny to help, to help out with, you know, to take [daughter's name] to parks and let him get some rest, but he was still, I mean he was still there, you know, he was still able to give her attention when he was able to... I mean I also had help from, from our sitters, our nannies, you know? Like, when I would get home from work I was like, 'Do you mind staying just like another 20-30 minutes so that I can calm down and chill out for a minute?' You know?

“I had a Lotsa Helping Hands site”: Utilizing Websites as a Resource. A few participants noted that they used websites as a resource to assist them in managing the challenge of their co-parent's illness prior to death. Jessica and Michael both detailed their experience of utilizing the website Lotsahelpinghands.com, both for different purposes. Jessica explains that she used the website to keep all of the information surrounding her co-parent's illness in one place where family and friends could remain updated, saying:

I had a Lotsa Helping Hands site... where I, just to manage everybody's curiosity, you know, wanting to stay updated... I did post where I had like, very detailed, sort of info, of everything and even the story, actually... but, and the whole process, too.

Michael utilized the Lotsahelpinghands.com website to help coordinate support in terms of meals received by friends both prior to and after his co-parent's passing:

So a couple of friends wanted to organize something on a website called Lotsofhelpinghands.com as a way to, instead of getting 30 lasagnas the first week and then having to throw 25 of them out, and then a month later saying, 'Okay, I guess we're getting takeout again tonight,' this is a way to organize this and say, 'Okay, you can sign up for this slot, you can sign up for this slot, you can

sign up for this slot’. So then all this uproar of people wanting to do something just spread over several months instead of all just coming in on one big shot... So then we can put it to use... So we had, I want to say for, probably through the end of the school year through June of 2016, we had meals coming three days a week from different people... And it was really helpful.

Michelle, who also utilized online resources in the same way that Michael did (i.e., in an attempt to coordinate support received from friends within the community) shared that she had a negative experience and that it was not a helpful resource:

You know, we tried a couple of, excuse me, websites with, like, trying to coordinate, and it was just, it was too much... And because at one point they wanted, a friend was trying to help and was like, ‘Oh, we could set up this calendar and have different people come at different times,’ and then [husband’s name] said, ‘Well, I really don’t want to go to chemo with that person, then I feel like I have to talk,’ you know?

Theme Two: Surviving Parent on a Role “Rollercoaster” during their Partner’s Illness

“It was exhausting, and I’m still exhausted”: Juggling Parent and Caregiver Roles

Some participants in this sample conveyed in their interview with me that during the time of their co-parents’ illness, they felt that they were challenged in juggling the role of being a caregiver to their ailing co-parent and a parent to their children. Michelle stated:

And then obviously when he was sick and I was having to deal with the very challenging practical situation of having him be sick and all of the treatments and surgeries and everything, and the emotional stuff that goes along with that, and take care of [daughter’s name], and keep my job, and, you know, God I mean it was hard.

Jessica shared with me a particularly challenging time that she had towards the end of her co-parent’s life when hospice care was set up in their home and she was aiding in drug administration while continuing her typical parenting responsibilities:

I remember when he had his first like, accident in the bed. We set up hospice here. And I’m like, it was fucking hard. Like, I looked like a wreck ‘cause I was administering drugs to him every six hours, around the clock, getting my kids ready for school in the morning, driving them to school and back, and still caring for him, like it was just—I mean, like the nurse, she sat me down and she was like, ‘Okay, who do you have for help?’ And I’m like, ‘I don’t know,’ and she’s like, ‘You need help,’ she’s like, ‘You need to change from being a caregiver, and you need to just be a wife.’

In contrast to the above statement, at a later point in our conversation, Jessica reflected on this time in her life in a more positive way, stating:

And even as shitty as it is, you're still doing something for someone else, you still have someone that you're sharing a cookie with, you know? And then that wasn't there anymore [after he died].

Sarah told me that although her husband was limited in how he could help her with parenting tasks, he still was supportive of her while she was caring for both him and their daughter. Sarah shared:

During the time he had cancer he was still able to help somewhat, but, it was really preparing me for solo parenthood. I mean he did, every chance that he got, he would tell me what a great job I was doing and what a great Mom I was being... And I was like, 'I'm trying, I'm doing my best.' You know... But it was exhausting, very exhausting. Because helping him and taking care of her and working full time... All I can say is that it was exhausting, and I'm still exhausted.

“Oh, Papa is like, well he’s around us”: Telling Child about Parent’s Death

Many participants in this sample described to me the challenge of telling their children about their co-parent’s passing or near-death experiences. Jessica, Heather, and Michelle shared with me the difficulty of these conversations and noted how their beliefs shaped the types of conversations they had with their children. Jessica shared with me the experience of telling her daughter and son that their father had died, who were 6 and 4-years-old, at the time of their father’s passing:

*I did pick her [daughter] up and we had, like, a [milk]shake, and I'm like, 'Listen, Papa died,' you know? And she was like, 'Oh, okay' *sad tone* and, you know, it was just like a, she understood and, she knew it was coming, but it's almost like she processed it. I sort of prepped her for it... [Describing visiting grave for the first time] You know, we got there and then like it, you know, it's this black tombstone, very shiny and beautiful and reflective, she [daughter] just started like, we just sat there in front of it for a little bit, and then she just started crying and, she's like, 'I miss Papa, I miss Papa' and like she just cried a lot. And then I cried a lot, too, and [son] like, he like stands there, he's like, you know, 'So where's Papa?'... And I'm like, 'Oh, Papa is like, well he's around us,' you know? I'm not religious either, so I feel like that makes it a little trickier, too... 'Cause it's like, I don't have something to like...Like, 'He's in Heaven,' or like, right? Like, I don't believe in that shit, like, like I believe in spirituality, I think that there is something bigger than us, I don't call it God, I think that it's more like energy-related.*

Heather also grounded her conversation with her 4-year old twin girls and her 3-year old son in her belief about the afterlife, sharing with me that this is still at times an ongoing conversation that she has with her children:

The thing that they were confused about, I think, because we go to church, and we, you know, impart that on them, is that, I think they thought that Daddy's body is just going to float up or something like that. And that was a hard thing, you know?... To explain what would happen. And I'll be honest, I'm still explaining.

Sarah recalled the challenge of telling her 2-year old daughter about her father's death:

*It was hard to explain to a 2-year-old, what happened to Daddy... Like, what do I even tell her? The day, the first day after he passed, as we were leaving the room, as we were leaving the house, she was in daycare at the time, she said, "I want to go Dada's room," in the hospital. This, this was every day. And I said, 'Daddy's not there anymore, sweetheart.' *Angry tone* 'I want to go to Dada's room!' 'He's an angel,' that's all I could think of to say was that he's an angel and we can't see him, but he can see us, and I still didn't expect a 2-year-old to understand that... And that was the best I could do. And she got so upset, she ran into her room and started throwing all of her toys everywhere. And I'm like, you know, this is one time that this behavior is acceptable. *Laughs**

Michelle told me about a near-death experience that her husband had during his illness, and also recalled the difficulty she had in telling her 5-year-old daughter that her father had almost died. Michelle took more of a scientific approach to explain to her daughter the physical decline of her daughter's father:

And then in May when he almost died, I went home from the hospital and I was like, 'I have to fucking tell her he's going to die,' and that was the hardest conversation of my life. And, and I did have to kind of explain, you know, that the tumors had gotten bigger and they had spread and they were getting in the way of his body working properly and that the doctors were doing everything they could but, you know, that if the tumors kept growing then at some point, you know, his body is not going to be able to work and he's probably going to die. And I just remember saying, 'He's probably going to die,' and being like, 'Oh my God, I can't believe I'm saying this to my 3 year old', well, at that time she was 5. And just, ugh, that's just horrible to say.

Susan and Michael both reflected on sharing with their teenage children that their co-parent had passed.

Susan recalled grappling with telling her daughters, who were 16 and 19 at the time of their father's passing, immediately following his death or waiting until the next day, but ultimately decided to wait:

*He was breathing and then he wasn't breathing, and I was like, you know, 'What do I do?' And I could, during the time that I'm sort of thinking, and the whole time thing is very surreal. And I could feel him growing colder. And so, and then it was sort of like, and I'm the only one there, I'm by myself, and so I go upstairs and knock on the door for [sister-in-law] and her partner, [M*****], and I tell them what happened and they come down and they sit with me. And I say, 'Well, do you think I should wake up the girls?' you know, because I'm thinking about them and, you know, like this big change has just happened, and they don't know. And [sister-in-law] said to me, 'Look, there's going to be enough commotion, big day tomorrow, just let them sleep.' And I did, and there was nothing they could have done, it just would have been upsetting for them.*

Michael also discussed the challenging experience of telling his son and two daughters, ages 11, 13, and 16, about their mother's death and how he had to navigate their very different responses:

He [son] was downstairs with a couple of his friends, he had a half day of school that day, ordered pizza, and then I came home a little bit later. And then, I had to, kind of, grab him from his friends and bring him upstairs to his room and sit down on his bed and tell him that, I just found his mom hanging up on the third floor of the house. And his main reaction was he and I both cried a little bit and hugged each other really tightly and kind of just, days after that, just hugged each other a lot... And so, so that was my experience with him, and both my daughters weren't home at the time. My older one came home a couple hours later... So I brought [oldest daughter] down to the basement and just kind of like, she knew something was up because of the concerned look on her face. And I just told her that her mom had killed herself and then I went to hug her and she almost, kind of like, broke away from me a little bit, and just rapidly pacing back and forth and putting her hands on her head and, just almost kind of like, trying to absorb what had happened... But just don't want any physical comfort from me. She was just almost kind of like, 'Get away from me, you partially caused this to happen.' That was, that was her reaction. And then my youngest, she was the last one home. It had been an hour or two later, and then I told her, and her two, her two older siblings were there, and she just kind of melted into my arms for a hug. She was similar to her brother there, her reaction... It was definitely kind of, it was definitely kind of a split there, where the oldest was like, her reaction was, if I had to categorize it, was anger, and the other two were sort of like, shock but you know, shock, grief, compassion.

Theme Three: Male Partners Put off Seeing the Doctor

“He kept putting it off”: Male Partner’s exude an “I’m Fine” Mentality

Within this sample, 4 out of 12 participants noted that their co-parents, all husbands, needed a nudge to see a doctor, either initially before their illness began or during a time in which they were receiving treatment. Jessica and Heather discuss exchanges between themselves and their husbands regarding getting an initial diagnosis. Jessica shared a conversation she recalled having with her husband:

He's like, 'No, I want this [relationship] to work, I just don't know what's wrong with me.' And I'm like, 'Then go to the doctor.' ... So again he kept putting it off, he'd put it off, and then sure enough he started another job because he, he ended up quitting his job... And so, I told him, I'm like, 'Have you gotten an appointment to get checked?' He's like, 'No not yet, can you stop nagging me?' I'm like, 'Listen, if you don't make an appointment in two weeks, I'm going to make it for you.'

Heather also recalled a conversation that she had with her husband about going to see a doctor, telling me:

In January we had gone to Hawaii, which we did every year, and he was out swimming in the ocean and he came in and he said, 'I just, I think I just broke my collar bone.' And I was like, 'What?!' And he said, 'Yeah I can feel, I heard a crack,' he was like, 'I heard a snap.' And I was like, 'What the heck is going on?' I'm like, 'How did you do that?' And I'd been massaging his back where his shoulder was really hurting him... And I was like, digging my elbow in... And doing all that kind of stuff, and then we went and got massages, and one day he would say, 'Oh, it felt better' and then the next day... and he was very cranky, like he was uncomfortable... And, I said 'Well, when we get back, you know, you've got to get an MRI you got to see what's going on.'

Karen also recalls noticing a change in her husband's personality and told me that initially she was not concerned and she did not nag him to receive medical treatment. After some time had passed, she shared that she spoke up to her husband, who put off getting medical help until a serious impact in his health occurred while the couple was planning for a family cookout. She shared with me that this was the same day he was diagnosed with brain cancer:

You know, I noticed his personality was kind of altering, he would start to become more frustrated than anything and... and I noticed, but I kind of just smoothed it over. I was like, 'Well, he's having, just having a time', or whatever, you know, a life change or something. So, that specific day he got up, and he said, I was like, 'I've got to go prepare for the cookout.' ...And he was like, 'I don't want to be bothering anyone' and I was like 'Really [husband]? Come on!' So, he was like, 'No, no, no, no, I'll come around, but let me just do me right now' and I was like, 'Okay.' So he started to shave that day and I was downstairs cleaning up, getting the grill set up, and all of a sudden he comes down the stairs and he's like, 'I'll be back, I'll be back, I have to go do something'. He drove himself to the emergency room... And what I found out later on that day when they called me to the emergency room was that he was shaving and couldn't, his face kept drooping, and he kept, you know, biting his bottom lip.

Susan discusses with me her husband's refusal to get checked at any type of medical center after already being diagnosed with colorectal cancer, and even notes that her brother was trying to convince her that her husband's stance on not receiving treatment was valid. She shared:

I mean when we were in Florida, my husband had the pancreatitis, he was getting dehydrated, and it was very, it was getting serious and he didn't want to go to the hospital, ER, clinic, and, you know, my brother lives down there, and he was like, 'You know, look', he's kind of doing this male solidarity thing, that 'He's in charge of himself, and if he doesn't want to go, he doesn't have to go' and I'm like, 'No'. And then, I forget, it was something like, I'm like, 'Look, you got to at least go to the clinic', you know? 'You don't have to go to the hospital, whatever, let's just go to the clinic,' you know?

Summary

To summarize, this chapter supports a change in the experience of surviving parents because of their co-parent's illness. This experience, as described by many surviving parents, included the challenge of maintaining roles as both a parent to their children and a caregiver to their spouse while simultaneously witnessing the decline of their partner. Specifically, some surviving parents described witnessing the decline of their co-parent's ability to engage in parenting tasks, which amplified their parenting load and took an emotional toll on surviving parents even when they had additional supports. Another observation at this liminal period included gendered patterns in relation to husbands not wanting to utilize the healthcare system to be diagnosed or treated, which put additional strain on surviving parents. Surviving parents were also tasked with having the difficult conversation with their children about their co-parents' death in a way that was age appropriate and reflected their beliefs on the afterlife.

Chapter 6: Parenting after Death Results

The results of this chapter support that single, widowed parenting after the death of a co-parent is a multifaceted experience that is difficult in comparison to parenting with a co-partner before their death. As indicated by FDT, the death of a co-parent signifies a new family stage and transition for remaining members of the family. Additionally, following the death of their co-parent, surviving parents find new ways of functioning, including using different approaches and strategies, to parent alone after their co-parents' death. The findings of this chapter highlight 2 main themes. These themes include 1) A Whole New World of Parenting and 2) Grief as a Fixture in the Lives of Surviving Parents. Specifically, the findings portrayed across 21 subthemes illustrate surviving parents' grief experiences and an increase in role overload in dealing with the aftermath of their co-parent's death in terms of handling finances and legalities as well as additional parenting responsibilities and the relationship that they have with their children. Surviving parents try to adapt without the co-parent by managing their own as well as their children's grief, often utilizing professional bereavement and grief support networks. This is consistent with Belsky's (1984) Process Model of Parenting, as it is common to rely on other types of support networks after the marital relationship is severed. Surviving parents in this sample also note that gender plays a role in the grief that they experience after the death in that women in the sample describe that they envision themselves grieving in different ways than men. Surviving parents emphasize that parenting during this time is challenging, but many also point out that they do not have a choice but to put their grief aside and be present for the sake of their children. This is reflective of mechanisms of the DPM, specifically the restoration-oriented coping approach (Stroebe & Schut, 2010).

Theme One: A Whole New World of Parenting

Increase in Workload

“It’s just all SO overwhelming”: Finances and Legalities. Many participants in this sample described an increase in their workload and responsibilities following the death of their co-parent,

particularly surrounding taking care of finances and legalities following their co-parent's death. Jessica shared with me that doing her household's budget is now a responsibility that she needs to manage since the death of her husband, which is not enjoyable for her, saying "I have to organize a lot, like my finances, which he did, that's another thing I have to do. Oh my God, it's like, I fucking hate doing budgets, and he was good at that. *Laughs*" In addition to the household bills and finances, Jennifer also described not realizing the amount of work associated with taking care of her husband's estate and the legalities of claiming sole guardianship of their daughter:

And you have to just worry about so much stuff and, you know, the legal stuff with his estate and the legal stuff with claiming her as my, like, I'm her guardian, like things I didn't ever even imagine that you had to do... And like, it's like the finances around that, like, you know, paying a lawyer to do those things, it's just all SO overwhelming. It's just beyond what you can even explain to someone what overwhelming is, you know?... All of the bills, all of the house stuff, you know? It's like I'm doing it all. You know?

Michelle shared with me how it was, and still is, a challenge to access her husband's bank and other accounts because she did not know his passwords, and described to me the ordeal of trying to sell a car that was in his name following his death:

I was kind of talking about the passwords and how important that became. The challenges, the very practical challenges of how we use technology now, and how everything is digital versus paper, like the challenges when you're left behind of sorting things out, like financial stuff and all of that, is tremendous; I'm still dealing with it a year and a half later... Like, I had to sell his car, which was like, this huge, hairy deal because it was in his name and even though we were legally married, that doesn't apply to car sales in New York and, you know, figuring all of the different bank accounts and stuff, stuff that I again, we knew this was coming. And we have joint accounts already, or I was listed as the custodial owner, didn't matter because I still had to close the account and start over, which I will never understand, but the amount of time and energy and paperwork and everything that was required to go through that piece of it which is this huge, giant chunk, which is still going into probate and I'm still dealing with.

Similarly, Susan also described to me the time-consuming and laborious process of dealing with her husband's finances:

And my dad was helping, and my dad is actually a trust and estate lawyer, so if anyone is equipped to help with this kind of stuff, it's him. And he was like, 'This is a shit show,' because in his day and age, it was kind of all pre- all this, you know, before all this digital password crap, so he literally was like, I would call up from, you know, not even him, a paralegal would call up from his firm and be like, 'Hi you know, this is Vanguard, this is Mrs. So and so, Mr. So and so died, and please transfer the assets,' and they'd be like, "Okay, here's the account number, it's done," but today it's like this whole process that, anyway, so that part just takes so much harder than I think people know... I wish that... there were better resources for me in terms of like, what I needed to do financially, and like, I'm fine like, you know, I was executive for my father's estate, so I knew what I had to do, and [husband] was an attorney, so I knew the estate attorney was in the law firm, so it was sort of seamless, but it was just, I'm still doing it. It's time consuming and there are moments of shock.

“Everything’s on my shoulders”: Parenting Responsibilities. In addition to the increase in financial and legal responsibilities, many surviving parents also shared that they experienced added parenting responsibilities following the death of their co-parent. Amanda shared with me that she is always taking her daughters “somewhere”, which makes it difficult to keep up with household responsibilities “I have so much to do and everything’s on me... you know, I have to clean, I have to do laundry... So, I’m like, we’re always running around. We’re always doing something which, I could never keep up.” Similarly, Jessica also described to me feeling overwhelmed by the additional weight of parenting as a single parent and now doing “everything”: “That it’s more responsibility and more exhausting, yes, because it’s like your, it’s not just the educating and like, like everything’s on my shoulders, right?” Michelle also told me that she now feels much busier than she was when she was co-parenting:

...and we both had jobs so we were like, I feel like we were busy, you know, even, even as co-parents, and I’m like, I feel like, I remember feeling really, really busy, even then. And now I’m, you know, 3 times as busy.

Amy also shared with me all of the responsibilities related to parenting that she now engages in as a single parent:

But during the school year like, I mean, it’s always me. Like, I drop her off, I pick her up, I cook the dinner, and like the past 6 months or so, we go out to dinner a lot, and in my mind I’m like,

'You know what, I'm going to outsource the cooking, we're going to go out to dinner.' Like, I clean the house, I drop her off, I do the child care, like if there's one thing that I'm going to outsource, it'll be the cooking.

Michael shared with me how it was overwhelming as a single parent to coordinate his three teenage children's after school schedules and organize dinner each night, telling me that he would actually take time at his job to create and organize spreadsheets to keep all of the daily activities in order:

And then, for the first year or two, just figuring out what was going to happen in the afterschool hour was a daily challenge... And uh, that part was just, there just wasn't enough of me to go around... I had a lot of people that wanted to help out, but I was still the person coordinating all of that... And that first 6 months to a year, the first hour of the day at work every day, I was not doing anything job-related, I was just going on Google Doc spreadsheet, just figuring out, 'Okay, who's dropping this kid here today, let me set up a call and confirm with them,' and 'Who's doing this?' and 'What are we doing for dinner tonight?' and, I mean, it was just, like, I was command central... And, and I had to do all that, and if I didn't do any of that, stuff would start to fall apart. And it, some things did, it sometimes did slide through the cracks. I'd get a panicked phone call from a kid saying 'How are we doing this?' Or I'd get a call from a parent cancelling saying, 'Sorry, I can't do the drive today at 2:00,' and it was like, 'Ahhh! What do I do?!'... So, things still slipped through the cracks, but it was, it was just, I had to coordinate all of it, and that was a lot of work and a lot of stress.

Parenting Strategies

“I can't be the mother and the father”: Cannot Replace Deceased but Trying to Fill Role.

Many participants shared with me that their experience following their co-parent's death included acknowledging that they are not able to fill the role of two parents, particularly the role of their deceased co-parent, although they try to make the best of it and do what they can to fill the void that they perceive in the lives of their children. Jennifer conveyed to me that she can attempt to fill her husband's role with their daughter, but notes that this would not be the same as if her deceased co-parent were still alive:

So I would say, and he just had a very loving, you know, consistent presence... He was never, he was never like his, his moods weren't, like he wasn't moody person, like he wasn't sometimes playful with her and sometimes gruff or, you know, he was always the same... I wish, I'm like, I wish I could do that though, and that's where I feel like this huge loss... I can't give her what her dad would have given her. I could try, and I don't think her life is going to be ruined because of it, but her life will be very different, potentially, because of it.

Angela also notes that she will not ever be able to replicate her husband's sense of humor with their

daughter, stating: “You know, I’ll never be him. You know, I’m still silly in my own way, but NOTHING like him.” Karen shared with me that while she acknowledged not being able to be both parents, her focus is on being the “best version” of herself as a mother, telling me, “I try to, I can’t be the mother and the father, but I can be the best mom I can be with her.” Jessica also notes a greater level of introspection regarding only being able to be one parent and acknowledging that she can only do so much:

Like, the biggest thing is, and probably like his demeanor or approach to things is something that I try to just, you know, it’s again, it all comes down to just me, so I can only really focus on how I’m handling things at the moment, you know, and I can’t be 2 people at once, and I can’t be him. You know what I mean?

Lisa also shared with me that she experienced pressure to “fill the void” of the loss of her deceased co-parent from her oldest son. She discussed with me her feelings regarding trying to be both parents and realizing, like Karen, that she can only do the best parenting that she knows how, saying:

You kind of feel like you have to be the mother and the father... Even though you can’t be and you know you can’t be... but you kind of feel like you have to fill the void... but like, because I have 2 sons it’s kind of hard, like, to have that male figure in their life... and it’s hard to be that father figure, you know? Particularly at ages when they really needed him, you know? So it’s, that was hard, like, feeling like you failed by not being, you know, both mother and father to them, you know?... [Oldest son] did say to me one time ‘You have to be the mother and the father’ and I said ‘I can’t be, I’m just the mother.’ And I remember thinking, ‘How am I going to be both?’ So, you kind of think you’re trying, but you’re really just doing what you know how to do, you know, so... I, I don’t think I, I don’t think I changed, I don’t think I could be both, you know, even though you think you’re trying.

Michael discussed trying to fill his deceased co-parent’s role, but also recognizes that he had support to help him balance certain aspects of his deceased wife’s role in parenting their children, which differed from the experience of other participants:

And it felt almost like I needed to tap into the collective efforts of 20 different people, just between [wife’s] mom and various neighbors who were a few of [wife’s] close friends, and I’d say ‘Okay, can you drive somebody here on this day?’ And then sometimes there would be a conversation that would take place during that drive and then I’d have to fill somebody in on that, but it really felt like it was—It felt like combination of, I had to fill in that role, but also that role was collectively filled in by, over little bits of time, by 20 different people, they had their own little combination.

“I’m in tune to that”: More Emotionally Attuned to Child’s Needs. Many participants discussed with me that following their co-parent’s death, they became more aware and in tune to the emotional needs of their children, often being able to pick up on their child’s needs without having a verbal conversation. Many participants also took steps to address those needs following the death of their co-parent, and in many cases this fostered a closer parent-child bond following the death. Jennifer shared:

And, I think, you know, I can tell when she needs my one on one attention, like she starts to kind of act out, and just like, you know, do things she’s not supposed to do or, I tell her to stop, and she’ll just start crying or be upset about things. It just is like, ‘Okay, you know what, she just needs me to stop what I’m doing and to sit with her, hold her, hug her, do a puzzle with her, whatever it is, but just connect with her.’

Angela shared with me her ability to understand that her child is experiencing grief and how she works with her child to help “mend her broken heart”:

I have to do everything... Including try to mend her broken heart. You know, or just keep it—you know... I have to do a lot of things now. Because I have to be, thank God that I am that type of parent, that I am resourceful, and I know that she is grieving, and I seek help. You know?

Karen also told me about how she is in tune to her 12-year-old daughter’s emotions after her daughter has interactions with certain family members:

Her cousins, she has two cousins that she’s very close with, both of their fathers, one has a really very special relationship with her father, and the other, who is my cousin’s best friend, the other father is in and out of her life, so when she kind of hears them talk about their fathers she kind of shuts down... She’ll come home and she’ll get me kind of full force and she’ll just start crying, and I’ll hug her and I’ll know why... I’m in tune to that.

Like Karen, Heather also shared with me that there are times that certain triggers will affect her 7-year-old son’s emotionality surrounding his father’s death, which she picks up on, stating:

There are so many days when he’s mad or just generally cranky and it sometimes, it takes me a while to figure out, but then I’m like, ‘All right, are you really mad today or are you sad because you’re missing Daddy?’ And then I’ll find out you know, something, there was a trigger.

Michelle shared with me her ability to pick up on her daughter's emotionality, like other participants in the sample, through nonverbal cues, noting that her daughter often expressed her emotions surrounding her father's death in her school assignments:

I said earlier that she had made comments about not missing him, or you know, it not bothering her, but at the same time her schoolwork, she constantly was including him in her schoolwork. I mean, she would write poems about him and she would draw pictures of him and she would, even like her math project, she would like, they had to draw this geometric shape, like a quilt, and she colored it blue and green, and she called it the Daddy Quilt because it was his favorite colors and it reminded her of nature, and he loved nature, and like, it was a math assignment, so like, I know he's always there in her mind like, she's thinking about him all the time and so, again, I get it.

“We’re going to be okay”: **More Reassurance with Child.** As part of their parenting experience after the death of their co-parent, some surviving parents needed to engage in more reassurance with their child or children to ease their worries. Jennifer told me:

I would always say ‘Mommy-sometimes Mommy cries, sometimes Mommy laughs when I think about Daddy, when I think about all the happy times we had together, you know, sometimes Mommy cries, and it’s okay, Mommy’s okay, even if she’s crying, I’m okay.’... So, I try to really always focus on that, and just letting her know that I’m okay and that we, we’re going to be okay even though, you know, we’re going to miss Daddy a lot, but we we’re going to be okay.

Lisa also shared:

Being in contact with the kids, letting them know that you’re here, that they have a stable base, that you know, they always have somewhere like, to turn, someone to talk to, that you, I said this numerous times to them, that I was going to take care of everything and that I was going to take care of them and that everything was going to be okay.

Angela acknowledged in her conversation with me an understanding that losing a parent is a very real fear for young children, which is why she puts forth an effort to reassure her 9-year-old daughter:

Most kids, I think, they picture like, ‘Oh my God, what would happen if Mom or Dad died?’ you know? So she’s living her worst nightmares. So I try to be safe, and try to let her feel rested assured, you know, that I’m okay.

Susan also shared with me that she felt obligated to let her teenage daughters know that she is okay following their father's death "So now, now it is very sweet that they're calling, "Are you okay?" and all that, but now like there's that responsibility to show the girls that I am fine."

"It's a 'pick your battle' kind of thing": Choosing Battles with Child. Many participants told me that following the death of their co-parent, they were more mindful of picking and choosing their "battles" with their children. Jennifer, Amanda, and Jessica described to me specific situations in which they would use this parenting strategy, as some interactions, such as which clothes their children want to wear or whether or not they eat dinner, become trivial to them after the death of their co-parent. Jennifer shared:

I think I try to be firm with her, but I definitely like, it's a 'pick your battle' kind of thing. Like, if she, like the other day she wanted to wear like a shorts outfit or something outside and it's been a little cold and I just like, I tried like three times to get her to put something else on and she was just, not having it and I'm like, 'Okay, you know what, I'm going to send a pair of leggings and a long sleeve shirt to school, and if you get cold, you tell your teacher and you can change.' And that's where I think, you know, sometimes I am able to pick an easier, softer route instead of like, digging in my heels.

Amanda shared a similar story regarding her reaction now to the wardrobe selection of her child "I don't feel the need to be so regimented, you know? Like if she wants to mismatch, go ahead, you know? If [oldest daughter] doesn't want to wear something, totally fine, you know?" Jessica also gave me an example of how prior to her husband's death, a "battle" would typically ensue at the dinner table with her daughter, but now, the situation is not an issue:

So like, supper time, we'd sit down and my daughter used to hate eating and he's fighting, he'd be like, 'You gotta keep eating,' and get all stressed out and I ended up learning to be like, 'You know what, they're not going to die of starvation, if they want to eat, here's the food.' Like I know where that was an aggravating point for him, and so now like after he died, that's a nonissue. I'm just going to be like, 'If you don't want to eat, then don't eat.' You know?

Sarah also shared with me that she now stresses less and is not as focused on smaller picture occurrences with her child since the death of her co-parent:

I feel like the small stuff, I can just let it go, you know?...And worry about, I worry about the big picture. You know?... And, you know, sometimes she'll have a little meltdown, but she gets over it, and I don't react to it very much because it's like, 'Okay, yeah she's having a meltdown- are you done?'

In our conversation, Heather also told me about her use of picking and choosing her battles with her children, discussing with me her rationale and how she decides whether to give in to their demands or stand her ground since the passing of her co-parent:

And because there's only one of me and like, I, sometimes now I'm like, 'Okay, I sort of choose my battles,' ... when I choose my battles with them about certain things, I have to kind of know going into it, 'Okay, like, there's no in between, you're either like you're going to have to be bad cop or you're going to have to be good cop'. And sometimes you just try to take a real positive attitude about it, and play good cop, and then you do it again and see if you get the result.

Meaning of Parenting

“I’m constantly trying to keep up and I can’t”: Parenting is Hard. Many surviving parents described to me that following the death of their co-parent, being a parent and the act of parenting has become more difficult than it was prior to their partner’s death. Jennifer describes:

**Sigh* it feels much more of, I hate to say it, but it feels much harder.... Like it feels, I don't wanna say like a job, but it kind of feels like I'm constantly trying to keep up and I can't... And even with help, it's like, and I do think my level of patience is even worse now. Like, I don't know why, but I feel like I never get a minute to myself.*

Michelle shared with me the burden that she feels as a parent who is now completely responsible for raising her child as a single parent “I feel like, you know, the weight of the world is on me because she is 100% my responsibility.” Michael also told me that in his experience following his wife’s death, parenting was difficult “I’d say, I just view it as a lot of work, it’s really hard.” Similarly, Heather shared with me her experience of feeling the emptiness that the loss of her husband has left in her life and the difficulty of parenting as a young widow:

So, but these are the things that you have to constantly think about as a young widowed person, you know, raising kids, because when you get married and you have kids you have all these plans and you talk about all these things, and when you no longer have your partner to like, talk about,

but yet you're thrown this huge, life changing thing your way, the one person that you want to discuss with them what to do isn't here to discuss it... So, it's hard.

Jessica provided me with an example of when in particular she would feel that parenting was difficult following the death of her co-parent:

So imagine like Tuesday passes, Wednesday passes, like by Thursday I'm like, it's bedtime and I'm like, losing my shit. And I don't have him walking in, just being like, 'I got this,' or just being like, the calm person, you know? Like that's where it's really like, 'Fuck, I'm really in this alone,' and that is hard.

“You have no choice”: Putting Grief Aside in order to Parent. Several surviving parents shared with me how they often felt obligated to be present as the only surviving parent of their children, even through periods of grief. Some participants in this sample, including Heather, Jennifer, Amanda, and Sarah, noted that they felt like they had “no choice” but to keep going. Heather told me “Well in terms of parenting, I don't think there's anything that I wouldn't do, because I don't have a choice.”

Jennifer shares:

But you can't, you know, you're just forced into it and, you know, everyone says, you know, 'You're so strong' and I appreciate that, and I know that they mean it, genuinely and lovingly, but at the same time it's like, you know, 'I'm not any stronger than you, like you would do the same thing because you have no choice.'

Amanda also shared a couple of examples of how her grief was put to the side so that she could parent her children:

And so, you know, the things start coming and sadness comes and goes in these waves but I didn't know how to, you know, to bear it and be a good parent and deal with the grief and kind of get out of this hole that someone threw me into. And I have, you know, I had no say about it.

You know, like, a big part of my heart is still heavy, you know? So, it's like, I have so much to do, I have to raise you guys, I have to get you ready, I have to go to a party, we have soccer, we have dance, we've got ballet, we have this, we have that, I have to go to work, you know?

Sarah told me:

You know, everyone said things like, 'You're so strong, you're amazing and strong' and I'm like, 'You know what, if the same thing happened to you, you'd be just as strong, you would do the

same thing. '... You don't know how strong you are until strong is the only choice you have. And, that was a notice on a door at the hospital that I saw and in hundreds of memes, and it's true. It's true. When you don't have a choice, you don't have a choice.

Some surviving parents in this sample, including Michelle and Jessica, felt that they kept going for the sake of their children, or that their children kept them going, even though their grief would present itself at times. Michelle shared:

I guess I'm thankful that I have her and that it has forced me to keep going more than I would have otherwise. Because there were so many days when I was like, 'I do not want to get out of bed,' but she has to get to school, and even if I were to decide to blow off work, she has to get to school, so that's not an option, so get your ass out of bed and one day at a time. Like, it's just that thing like, I'm going through the motions every day, but it's, I need to go through those motions because of her. You know what I mean?

Jessica also shared that her children are a motivating factor in keeping her going:

You get people that say like, 'Oh, how do you do it?' And it's like, 'Well what the fuck am I supposed to do?' Like?... I'm like, 'Well, I could just lock myself up in the room and cry', I mean, trust me, I have days where I don't want to go out and see anybody, but I still have to feed my kids. You know what I mean?

“I feel like I have no sounding board”: Misses Help with Decision-Making. It was common for surviving parents to disclose that they missed having their deceased partner to help with decision-making regarding parenting their child. Amy shared that she often discusses her options with others to help her make decisions “It’s very hard to make decisions about her on my own, and I talk to a ton of people about it.” Jessica also told me “I miss him most, all the time, but even just, having someone to bounce ideas off of or, like sharing how shitty your day was, or, you know what I mean?” Amanda also shared that she missed the validation from her deceased co-parent:

It was like, 'What do I have to do next? What do I have to do now?' and 'Okay, you know, I, you know, she... outgrew these clothes now I need to order more clothes now I need to do this and now I need to put this away and...', you know 'Oh and this happened in the house and I have to do...', you know? So it was like decision after decision that I had to make on my own, and I always made the decisions...but there was no one to say, 'Of course, great, you're fine!'

Michelle told me:

I feel like I have no sounding board to talk when stuff comes up, whether it's little or big, I have no one to turn to and be like, 'I don't know, what do you think? Should we do this or should we do that?' Like I mean, like and stuff comes up all the time where, you just want to talk to someone. You know, you can call a friend, you can call them, but it's very different when it's your own child. And I'm not going to call a friend every little time some little thing comes up. Stuff comes up all day, I can't think of a good example right now but, there's constantly times where you just want a sounding board on how to handle something and, or how a conversation went, or should I phrase something differently, or you know, pointing out something different, or, you know.

Similarly, Susan shared:

What I miss is having him to talk to about things because even though, you know, the girls aren't out carousing, or anything, things come up. And you know, whether it's, you know, their own medical stuff, whether it's emotional, whether it's teenager-y things, whether it's more serious you know, like mental health kind of issues, you know, I don't have that sounding board. I don't have that, sort of other perspective on it and... I do see that there's value of another perspective that is looking at the same information and looking at it from a different view, you know, I'm not going to be 100% right all the time, or maybe there is a different idea that we could try, so that's really what I miss.

Michael also shared with me a specific example of a parenting challenge with one of his children in which he wished his wife had been present to help him manage. Michael said:

So, I found one of the kids with pot a couple years ago, and I sort of, I just felt more, more than anything, just lost about that one, where it was like, 'Okay, how do I... , ' you know, 'What do I need to put in place for a punishment for this?' And 'How do I, kind of, monitor this going forward?' And, I just didn't have somebody to bounce those ideas off of. So there's the 'doing it' and then there's the, just trying to figure out, 'Is this the right approach to take?' And just kind of, not having somebody to bounce those things off and, sort of have a team in doing that. That was, that was hard.

Theme Two: Grief as a Fixture in the Lives of Surviving Parents

"It comes in waves": Surviving Parents' Grief Experiences

Surviving parents in this sample shared with me their experiences with grief following the death of their co-parent. They described that while their grief could be heavy, it did fluctuate over time. Jennifer shared:

It just sort of like, I was explaining to someone that it sort of lays over everything. But, you know, it sort of like seeps in.... You know, it's like, you still have your times of where you're laughing about something, but it definitely is – in the first year sort of like this is haze of grief sort of, over

everything... I still have to remember the blessings that I had with him... It's just sometimes hard to stay in that place of blessings versus loss.

Jessica told me:

Yeah, grief is hard. Like it still happens. I don't even know how I'm dealing with it, like I think its waves for me... I feel like it will get better, I hope it gets better, but it just, it comes in waves. You know?

Similar to Jessica, Sarah shared:

Well sometimes I can't control my moods, because like if I'm having, like when the grief hits, sometimes it's not just a wave, sometimes it's a tsunami... I would say it gets a little easier with time, but the grief waves still happen.

"I'll still talk to his picture": Talking to and Feeling Presence of Deceased

Several surviving parents in the sample described, as part of their grief process, a presence or connection that they felt regarding their deceased co-parent. Some even shared with me that they would talk to their deceased partner as well. Amy described instances in which she engaged in both speaking with and feeling her deceased husband's presence:

Yeah, I have his picture on our refrigerator, too, and sometimes, I don't say it so much now, but I would say a lot to the picture, like 'I can't do this alone', 'Why did you leave me?', 'I can't believe I'm doing this alone', but yeah, I'll still talk to his picture.

I still think about how we did her bath time together, 'cause sometimes Buttercup [the family cat] will come in when I'm giving her a bath and I'm like, 'Is [husband] like, working through Buttercup to be in there with us?' 'Cause we would always do bath time together.

Sarah also shared with me a specific experience that she had in which she spoke to her deceased husband, whom she felt was present with her:

*I mean I'm a believer in that, like sometimes they do try to communicate with us because the, the day he passed, we all came back home, we, you know, gathered in here, his phone alarm started going off... His phone was dead. The battery was completely dead. I could not even turn the phone on, nor could I shut the alarm off. It was just going off... And I'm like, 'How in the world is this even happening?' *Laughs* And the next day, it happened again. And I'm like, 'How are you doing this?!' The phone, it was, the screen is blank, the power button would not work, like, it hadn't been charged in a month.*

Amanda also shared with me a time in which she spoke to her husband while parenting their child, saying:

I remember one time I cut her nail and I nicked her a little bit and I was like, 'Ah I'm so sorry', not even to her, but to [husband]. I just felt like I owed it to him to be super careful with her.

Susan also shared with me that living in the apartment she shared with her late husband made her feel his presence after his death when she was there:

...there was, such an aura of [husband]'s presence being here that, we were just talking about him all the time. Like, you, there was still the very strong memory of him, you know, pre-oxygenator, bounding up the stairs, like, 'Hey! I'm home!' you know?

“That’s what I’m never going to have”: Grieving what Could Not Be

A few of the surviving parents in the sample shared with me feelings of anger or sadness when seeing other couples or families in that it was a reminder of what they would never have with their deceased partner. Amy shared with me that “I think that, for me, it’s just grieving what our future would have been. And it just doesn’t seem fair that I don’t have that, ‘cause we waited so long.” Amanda also shared her reaction to seeing families on the weekend following the loss of her co-parent:

And I remember being sad walking through the streets because, you know I went back to work and then the only times I could take her for a walk in the stroller were Saturdays and Sundays and you had every mom and dad taking their kid out and I’m by myself, you know, but if my husband was alive, you know, and he was on a business trip or something, I wouldn’t feel that something was missing or that I was different.

Susan also shared her experience in terms of seeing older couples on the street after her husband’s death:

One thing that surprised me that I didn’t, I found myself like, initially being... having feelings of anger and being annoyed when I would see older couples. Like, they’re just like walking on the sidewalk, like I don’t know them, they’re you know, 15, 20+ years older than I am, and they’re just walking on the sidewalk, and they can be holding hands, or they can be talking, or they’re not talking, or whatever, but it’s like, ‘That’s what was taken away from me,’ ‘That’s what I’m never going to have.’

“I just like shut down”: Grief Interfering with Aspects of Parenting

Several parents shared with me their experience in dealing with grief following the death of their co-parent. Many of them described that they felt their grief interfered with certain aspects of their ability to parent. Jennifer told me that following the death of her husband, the grief that she experienced would cause her to lose her patience with her daughter:

And I would get frustrated very easily, and I think, just resort to either yelling or, you know, and that just I know it doesn't help, but it's like your, I just can't, sometimes I feel like I can't control, like I know I'm supposed to count to 10 and stay calm and do all these things, but it's like in the moment when you're you know tired and grieving and, you know?... I mean, I would say, the first 6-8 months were the hardest, and it was very, you know, you're grief is just RIGHT under the surface and I think my level of patience was just bad.

Similarly, Sarah discusses how her grief at times can make her incapable of handling her daughter's moodiness or bad behavior:

I try not to be negative around her but sometimes you know, she's seen me in a grief spasm, you know, usually she's very good, but if she's in one of those moods where she's not behaving or anything I'm just not, I'm not capable of handling it, you know, you, things can go bad.

Karen described how at times her grief was so strong that she isolated herself from her children and their needs "There were days I just didn't want to do nothing... And they [the kids] would come and be like, 'Mom, I need this, Mom, I need that'. And I'm in the room, and I just like shut down." Heather shared with me that there were times that she felt that her grief would interfere with her ability as a parent to provide certain opportunities for her children, particularly her son. She told me that attending her son's lacrosse games and seeing all of the other fathers present to watch their sons play would trigger her grief because they reminded her of her husband, and as a result, she removed her son from participating in the sport:

And I have to really put myself in his [son's] position, and part of it is, part of it, too, it is my grief impacting his as well, because, or my parenting... because I know that I have my own triggers, and I remove myself from those situations. And sometimes removing myself from those situations impacts opportunities that they [children] have.

Amanda acknowledged that her grief interfered with her ability to enjoy being a parent following the death of her co-parent:

But back then the grief was so overwhelming, but I smile now seeing these photos of her, but I don't know if I smiled back then. Back then it [grief] was like a forest. Back then I just wasn't happy, I think the grief just wouldn't let me come out to enjoy being a parent.

“They find joy in like, the smallest things”: Parents Cope with Grief using Reframing

One strategy that was used by several surviving parents in the sample to help cope with grief was *cognitive reframing*, in which surviving parents would replace negative thoughts with more positive or helpful ones to manage a distressing or overwhelming circumstance (Traeger, 2013). Heather shared how she has used cognitive reframing to help her cope with her co-parent’s end of life and death:

So, a lot of the treatment stuff, it was me, and you know, it was, that was hard, but I was happy to do it, and honestly it’s a privilege to, you know, just like, walk someone through the end of their life and their death. It really is. It’s weird, but it’s like a privilege, because some people don’t get the, you know, to experience the beauty of that.

Jennifer shared how she would use cognitive reframing during stressful parenting times following the death of her co-parent:

I couldn’t handle a lot and I just, wouldn’t, you know, I’d get really flustered when she wouldn’t listen, and I think I’ve gotten better in that area and I just tell myself, like, ‘This is just for a small amount of time,’ or something, like I just need to get through this challenge. And then like, you know, I can, I can relax and unwind when she goes to bed, you know, so I make it sort of like, just trying to get through that one thing.

Amanda and Lisa discussed how they use reframing with their children to help them cope with their loss.

Lisa shared “We talk about him a lot. We don’t, we don’t talk about him now, like, over 4 years later, and it’s not always a sadness, it’s more of a ‘remembering happy times’ thing.” Amanda shared how she would use also use reframing with her children:

I don’t want them to look at the loss as like, a loss, I want them to look at it like, ‘I had an amazing Dad’ and, ‘This is what he would have done’ and... even small things, you know, like, ‘This was Daddy’s favorite cookie,’ you know, and so, they find joy in like, the smallest things, you know?

“As a woman we grieve harder, longer, deeper”: Gendered Grief

Within this sample of surviving parents, a pattern of gendered grief emerged in that some surviving mothers in the sample described their experiences with grief as different than men. Jennifer shared with me the differences she believed men and women experience while grieving, noting that her grief is open and nurturing of her child:

I think that's like, harder for them [men]... You know? Especially to open up to other people, too... So, I think that came a little bit easier to me than it would—you know, I think a man would be very compartmentalizing of their grief... I think that, like, I think that motherly sort of nurturing, not that [husband] didn't have that because he really did, but I think in general, you know, there's more motherly sort of nurturing—I just feel like my child, I sort of took on her grief, too. Like, I don't know if a man would do that, I think probably some would, but I felt like she was not processing her grief, it's like almost like I was processing it for her, too. My own loss and her loss, too.

Karen also noted that she believes that her experience with grief is different than that of men because of the nurturing nature of women, which she feels has contributed to her deeper sense of and longer experience with grief as a woman:

I definitely know that males grieve differently. They have a short term of grief.... But I just think as a woman, we grieve so much. We grieve hard, we grieve deep, we grieve long. Because we're nurturers, you know? And we carry so many things in our womb, you know, and our spirits, so many different attachments and compartments in our brains and, I think the way we're made up, you know? Just because of our nurturing nature. And we figure out everything, you know? So I just think as a woman we grieve harder, longer, deeper. We have to be snapped out of it I guess.

And Lisa also noted that in her experience, men have a shorter grief period:

And, kind of, through the counseling thing, they kind of talked about that men, when they're grieving, they don't really show it at all, and they just kind of like, get on with it, and want a replacement. You know, they kind of want like another wife, mother figure of a wife to just kind of replace what they had. Like, if their wife did everything for them, a man would kind of want that again, versus a woman kind of wants to learn to stand on her own two feet and do it on her own, and be stronger, you know, like, find her strength as a single person now, you know, versus kind of just replacing somebody, you know? So I definitely think a man, they definitely grieve different.

Amy also told me about an experience in which one of her husband's friends cut off contact with her following his death, which angered her. In Amy's experience, she felt that men handle their emotions differently while grieving:

I talk about it with my sisters-in-law, they didn't know him [husband's friend] that well but, and I'll let him know I'm angry at him, and they'll tell me like, you know, 'Men grieve differently, men are different,' and people have said, you know, that 'It's just not you, it's them, they're probably having trouble handling their emotions.'

Grieving with Children

“I didn’t want them to see me sad”: Not Showing Grief with Children. Many participants in the sample told me that they did not show, or masked, their grief when interacting with their children. Emotion masking can be defined in this context as parents’ purposeful hiding of their emotional expression with the aim of protecting their child from an unnecessary and negative emotional experience (e.g., grief; Dunsmore, Her, Halberstadt, & Perez-Rivera, 2009; Gunzenhauser, Fasche, Friedlmeier, & von Suchodoletz, 2014). Jennifer shared with me that with other people, like her sister, she did not hold back her grief, but that was not the case in front of her daughter:

So yeah I think there was—there was a little more restrain when you’re in front of people... Certain people. You know? Like, if it was my sister I don’t think I held back, you know, so. But in front of [daughter], yeah.

Angela also discussed with me how when her daughter was not present, she would express her sorrow of the loss of her husband, but when her daughter would arrive home from school, she would hide her grief from her daughter:

*I’ll cry all day, but I’ll get myself together by 3:00 *Laughs* You know, I’ll straighten up when I know the bus comes. And I won’t eat all day, and I’ll eat when she gets home. You know like, she, she, she really—she strengthens me, you know, because I have to act right *laughs* you know? And I don’t want her to see it.*

Lisa shared with me the lengths that she went to hide her grief from her children in an attempt to show her children that she was strong:

A lot of time I didn’t show them, I kind of grieved alone a lot of times. Like I’d, when I went to bed I’d cry. I never really cried too much in front of them because I didn’t want them to see me sad, I wanted them to see me strong, that they had someone strong, you know, here, so I did a lot of it alone... I kind of tried to put my grief, not aside but, hid it for their sake, you know? I did it to a fault where, I got to the point where I just couldn’t cry because I just, put it away so much that it, it became like hard to cry. You were just sad, it was just a sadness, you know, like a heaviness in your heart all the time. So, to kind of not let them know was a big part of it.

Amanda also described to me a fight to hide her negative emotions and even show her child positive emotions as a way of hiding her grief:

Everything was on my shoulders physically and emotionally and, I never wanted her to feel that I was crying, so I had to like, fight really hard to like smile and laugh with her and... you know, I remember like her first food was like mashed avocado, and all I wanted to do was cry because he wasn't there.

Michael also discussed how he did not show much emotion in front of his children, and even goes so far as to say that they would need to prompt him to talk about his emotions with them, stating “So, I tend not to show that much emotion in general. And sometimes it took one of them [the children] almost provoking something in me for certain words to come out.”

“We’ll talk about it”: Talking About and Explaining Grief and Emotions with Child.

Although many surviving parents in this sample acknowledged that they did not show their emotions in front of their children, several other participants were open with their children in terms of discussing their child’s grief and talking through their child’s emotions with them. Amy told me “And she’s pretty much okay, and when she says things like, ‘I miss him,’ or like, the thing about saying like, ‘I don’t know what his skin feels like,’ like, we talk about that.” Michelle also shared with me a similar approach to talking about emotions with her daughter:

I feel like I talk about my emotions a lot, and still will say, like, ‘I’m sad’, you know, and ‘I miss him a lot,’ and tell her what I miss about him, and things like that. And again she’s like, we talk about him a lot, I feel like he comes up a lot, like even this morning, she like, she grabbed a little fruit fly out of the air and, and she actually got it, and I was like, ‘Oh maybe you have Daddy’s reflexes,’ because he was famous for like swooping in and grabbing things and things like that, and just, I think he just had really good reflexes, and so we’ll talk about it in that kind of a way... Like, if something is green, I’ll be like, ‘Oh, that was Daddy’s favorite color,’ you know?

Michael told me that he encourages his children to be open and talk about their mother, sharing:

Mostly conversation, just talking to them, and just trying to open the door and listen to them, or someone just taking the lead and bringing up a story about her. Just kind of letting them know and show them by example, ‘It’s okay to bring up a story about her’.

Sarah shared that she is very honest and open with her daughter when she wants to talk about her feelings or grief:

She understands that if she has questions I answer them as honestly as I can in a way that she'll understand... So I mean, I make sure she has what she needs, you know, and if anything's bothering her, she knows she can talk to me. You know, and sometime she does.

Susan also shared with me that she was very clear with her teenage daughters about the appropriateness of sharing their emotions surrounding their father's death, and that she encouraged them to be open about it:

I didn't want them to feel like, 'Okay, that chapter of your life is over, no more talking about it.' I, in whatever parenting style that I have, my feeling was, you know, 'Let it out, let it be out there.'... And so there have been a few times, I wouldn't say a lot, but there have been a few times where like, the grief just comes over me... Like, it just happens. And so, I explain, 'This is how I'm feeling. This is what's happening right now.' And, you know, they're understanding, they're supporting. I'm also thinking, 'Okay, well I'm modeling that it's okay.' You know? 'If this happens to you, that's okay.'... I feel that they should know where I'm at. And maybe they'll feel more comfortable telling me where they're at. It goes both ways.

Similar to Susan, Heather also shared with me that she felt it was important to encourage her children to talk about their emotions, but took it a step further to say that her openness with them is an attempt to prevent negative consequences for her children later on:

And, they might be happy and smiling in a picture, but just the other night my son, something spurred it on, and he buried his face in his pillow and he was crying, and he hasn't cried in a while, and you know, I just wanted him, I was glad actually, I wanted him to have that moment because I feel like if they, if they stifle that, it's going to come up later on and be really bad... And so I'm always encouraging, you know, we talk about him all the time. And sometimes it makes them very happy, and then sometimes it does make them sad. But I don't care, we do it no matter what.

Angela provided examples of how she talks about and even shares in her grief with her daughter:

There's a lot of kids that's out here that's stuck in their grieving, and they don't know what to do. They don't have an outlet, a resource, they don't know to read, they're not comfortable to talk about it. You know what I mean?... I thank God that she has that. So, that's a full time job just making sure when she's day dreaming that she's just not, you know, I know she's sad... So I just try to—and I ask her, you know, 'What are you thinking about? Are you sure?' You know?... And we cry together, we watch movies, we talk about grief, you know, one day we were both on this couch and I was telling her about grieving, how one moment we may cry, the next moment we may laugh, and we were doing that, I said, 'Look at us now. This is what grieving does.'

“I include him in things still”: Maintaining Connection between Deceased Parent and Child.

A few participants shared with me ways in which they attempted to maintain a connection between the deceased parent and their child. Jessica told me this in a general way and described to me how she would continue the bond between her children and their deceased father in the activities they would partake in, stating “Or we talk about, like, ‘Oh, Papa would’ve liked like this’ or, you know I try to keep him alive—like we keep him alive and, you know, and just in what we do and stuff.” Some surviving parents in the sample told me more specific examples of how they intentionally tried to maintain continuing bonds between the deceased parent and their children. Angela shared “I got her piano lessons, you know, and didn’t take her out of it, because I knew that was her way of connecting with [husband]. You know, ‘cause she played it, and he plays anything by ear.” Amy also shared with me specific experiences in which she still “included” her deceased husband in the activities she would partake in with her daughter, such as hiking and biking:

When we were in Grand Canyon, too, we hiked down to the bottom of Grand Canyon, and so we brought his hat with us, and we brought his water bottle from that with us and so, I was able to share that with her... He loved to ride bikes, and she’s amazing on her bike and, I know he would have been so proud of her, and just things like that, I include him in things still, and in ways.

Susan told me that she maintains a connection between her deceased husband and their daughters through the creation of a list of stories and sayings from her husband that she has saved on her phone:

And so there’s stories, you know, I have on my phone and we created this list of Dad-isms, so, you know, any of the quirky little things that he would say, that we could think of, I made a list, you know, ‘Does your face hurt? It’s killing me!’ type of things... because I also want to keep them alive, and sort of keep the list going.

“I have to figure out when to share those”: Timing of Sharing Things with Children. Several parents told me that they wanted to share momentos, such as letters and videos, from their deceased partner with their children, but shared that are not sure of the timing of when this should take place. Amanda shared that her husband wrote letters to her daughter, one of which she shared and another that she is holding on to:

And they had to intubate him, and he couldn't even talk at this point, like I mean he was shaking and gasping for air and I told him to write her a letter... and he wrote her a letter and I have it framed in her room. But he also wrote her something else which I hope one day to share with her...

Michelle shared a similar struggle with videos left behind from her husband for her daughter:

So I'm really glad that I have those [videos], so I'll have to save those somewhere where I'll be able to access them, you know, and I have to figure out when to share those with [daughter's name].

Heather also shared with me how she showed her daughters some videos from their father, which upset them, so she decided to save them for when they get older. Heather said:

And we started listening to them [videos] one day, but it was so hard, and we were kind of in a hurry and one of the girls just started crying and I'm crying and I said, 'I know the context of what they are and I know they're short,' and I'm like, 'Let's savor some things.'... You know? Because we don't, we have a ton of like videos of him that we can watch and things like that but, not stuff that's particularly poignant to them for the future. Some of it I do just want to, like, hold on to and let them listen again when they're older so that you know, so that it seems more recent I guess... It's a lot of time to, you know, between now and when they're older, so, I want to save some things.

Social Support

“I'm big on therapy”: Bereavement and Group Support for Parent and Children. A

majority of the participants in this sample discussed the importance of bereavement group support for themselves and their children and the positive impact that it has had following the death of their co-parent. Jennifer shared with me her experience at the Grieving Den for Children, a non-profit support group for families and children:

I'm big on therapy and, you know, I go to a bereavement therapist every week... and [daughter] and I go to the Den together every other week... And that's been a huge part, and so I think, I don't know, I just have a, I'd like to think that I have a healthier, you know, way of dealing with it.

Angela also told me about a positive experience that she had at the Den because of meeting other people in the same situation:

The Den... over a year now... unless you go through it, you really don't get it... You know, like you can empathize all you want, but unless you really go through it and, you just don't get it so, to be

around people, and for [daughter] to be around people that get it... just being able to share that and different outlets, or ideas, or memories for people who know what it's like to share a memory, and somebody to receive it and feel it when you give it, you know? This is crazy, but it's good, yeah. Yeah, I think support groups are important. I didn't think so. I mean I didn't, I never had to think so. You know, but now, being in it you're like, 'Wow!'

Karen also shared with me her experience at the Den, which also has a school outreach component in some surrounding towns to assist children if they experience grief during the school day:

She started therapy, she started The Grieving Den when she was younger and that was the school, the type of school she was in, they were all devastated, they were all there for us, so they have her into intense counseling all throughout the day. Anytime she felt a certain way she would go down and have her support group and everything like that... The Grieving Den for Children, they helped her to express her feelings and everything. They helped her so she was able to articulate.

Amy shared with me her experience attending a support group for surviving parents with young children and how her daughter attended bereavement camps “I was in a support group in New Jersey for widows with young kids, which was very helpful, and we’ve gone to two bereavement camps, so she’s met other kids who have had a loss, too.” Michelle told me that she was open with her daughter about seeing a therapist, and that her daughter was also seeing a play therapist to help her cope with her grief:

I feel like we talk about him a lot, and she knows I see a therapist, and she knows about going to support groups, she knows I've met up with other widows or widowers about it, and so I don't think I'm hiding any of that. She saw a play therapist herself.

Jessica shared with me the ways in which her daughter's adjustment counselor aided in her daughter's management of her grief and the help that she was receiving from her own psychologist as well:

She has 2 adjustment counselors that like, you know, check in with her and she talks to so it helps, too. So a lot of the things too, like when things happen, like other kids bring up stuff, or like they give her tools or ways to say things to help communicate, like, 'No, don't do this' so... I have a psychologist that I see too, that I started seeing when [husband] and I were having issues. I was taking Prozac, but like a very low dose, like just, to kind of help me get out of like, a funk.

Some participants shared with me that they utilized multiple methods of bereavement support. Heather shared with me the abundant support methods that she utilized for herself and her children, which

included therapy for herself, family support groups for her and her children, and bereavement sleep-away camps for her three young children:

I have a grief counselor, I've had them now for 4 years. And I used to see her regularly. I saw her regularly for like, 2 solid years... Now, it's sort of on an 'as needed' basis. But she's always available. And my kids went to a support group called The Circle, and it's, if you don't know about it, it's grief support for children... And we did that for like a full school year. And then my son went through it last year. And so I went through it again with him... My kids go to a sleep away camp for kids who have lost their parent to cancer. I think that's amazing, it's been awesome. It's Camp Kesem, they love it, it's been such a valuable thing for us.

Michael also shared with me his utilization of a family grief support organization for himself and his children, counseling as needed for one of his children, and also shared that he was a part of an adult widow camp himself, which hosts events and workshops for young widowed individuals:

We starting going to a place called the Children's Room... great organization, and the main program that we were in there is one for kids who lost either a parent or sibling, and so, the kids meet with their peers, who are in similar age groups, and they are facilitated with them, and maybe they do an activity, or they may just talk to each other, kind of a guided session, and then the adults would also meet at the same time the kids will meet with each other... And another piece, to go back to the earlier years, is my youngest, she went through almost a year doing counseling sessions with somebody, and this is somebody who specializes in children's grief and is roughly young, she's probably about 30 or 35, and also had been an Irish dancer when he was a teenager, which my younger daughter is also into, as well. So with that bonding point, I think that really helped my youngest, just having those sessions with her... and then I stumbled across this thing called Camp Widow, and I said, 'Well, okay, I'll try going to that.' It's a nonprofit that's in California, and there's three main things they do, three Camp Widow events.

While Michael inevitably took advantage of the access he had to bereavement support services for himself and his family, he was the only participant to acknowledge that he would not have received this type of support from bereavement support groups if it were not for the intervention of a family friend. Michael shared with me:

What I do remember is, it must have been mentioned to me by several other people and somebody, one of [wife's] good friends, I think it was, actually made the initial contact with them on my behalf. And then somebody, one of them reached out to me, and I was just overwhelmed by doing the funeral, and this and that, and caring for my kids and so on... I just had zero capacity to actually reach out and make contact with them. So I certainly would not have if someone hadn't

nudged me that little bit and made that initial contact... As soon as they made that initial contact, I said, 'Okay, I mean, I guess I could do this.' I wasn't super enthusiastic about having one more thing on my to-do list, but then once I got there, I'm like, 'I'm really glad I'm doing this.'

“Everyone goes back to their own thing”: Friend and Family Support Decreases with Time.

Several participants in the sample discussed how soon after their co-partner passed away, they received support from friends and family, but noted that the support received decreased with time since the passing of their co-parent. Amanda told me:

You know like, right after he died, people check up on you, you know, and I remember people were like, I don't know they kind of like, signed up, they were like, 'I'll take care of [Amanda] Saturday night', and 'I'll see her Sunday' and 'I'll go to her Monday', but after a few weeks everyone kind of went back to their own lives... I have my parents, and my in-laws said that they would help. But then they started going on vacation and my parents are like retired so they were going on vacation and, my brother has his own kid and he's a boy, you know? So, everyone goes back to their own thing.

Amy reflected on a similar experience “I had a ton of support during that time, now not so much, three years out and everyone thinks everything's fine”. Jessica also shared with me how support from her friends decreased over time “And friends help too, you know, when they're willing to listen... But that I feel like gets old too, to them, maybe.” Heather also shared with me that some of her family members did not follow through with providing her support, especially as time passed after her husband's death:

Honestly what I've learned from all this is that people say they're going to do certain things when a tragedy like this happens and they don't follow through. Even the closest family members. I mean, I heard from, like, probably his closest brother and he's their Godparent, you know, 'We're going to come up every other month, you know, blah, blah, blah,' but his kids are grown and out of college, and they're like empty nesters, and his wife is just, like, over, not like over, but they're totally like empty nesters, and she's like dealing with her own issues so it's like, the kids moving out, but I think she's like not comfortable with, and I'm close with her too, but it's a weird situation. People act weird, especially as time goes by. They really do, like and I'm close with them. You know?

Summary

The themes of this chapter convey the argument that the act of parenting as a single, widowed parent following a co-parent's death is a multifaceted experience that differs from parenting with a co-

parent. Following a co-parent’s death, surviving parents found new ways of functioning as a single parent and utilized approaches and strategies in parenting that differed from their experience parenting with their partner. Surviving parents often experienced an increase in role overload, including handling finances and legalities, along with additional parenting responsibilities and a change in their parent-child relationship. Surviving parents described making an effort to manage their own and their children’s grief through the utilization of professional bereavement and grief support networks. Surviving parents in this sample also noted the role of gender in their grief experiences after death, in that women in the sample describe that they envision themselves grieving in different ways than men. Surviving parents emphasized the challenge of parenting during this time, but many also pointed out feeling like they do not have a choice but to put their grief aside and be present for the sake of their children. See Figure 2 below for a visual of the main findings.

Figure 2

Visual Timeline of Main Findings

Before Decline and Death Main Findings

1. Deceased Parent was Involved Parent
2. Parents were a “Tag Team”
3. View of Parenting as Enjoyable Experience

After Death Main Findings

1. Increase in Parenting Responsibilities
2. Cannot Replace Deceased but Trying to Fill Role
3. Parenting is Hard
4. Not Showing Grief with Children
5. Bereavement and Grief Support for Parent and Children



During Decline and Death Main Findings

1. Illness Impacted Partner’s Parenting
2. Juggling Parent and Caregiver Roles
3. Help from Family, the Community and Babysitters

Chapter 7: Discussion

Guided by a phenomenology framework, this study sought to answer: 1) how the lived experiences of surviving parents change after the death of a co-parent as it relates to parenting and the parent-child relationship; and 2) what day-to-day practices are used by surviving parents to continue parenting their child/children after the death of a co-parent. The few existing studies on this topic explain that surviving parents experience both positive (e.g., better parent-child communication, assuming responsibilities of the deceased partner, promoting a healthy lifestyle) and negative changes (inconsistent discipline, lack of parent-child communication, inadequate support of child, difficulty recognizing child's grief) in their parenting (Haine et al., 2006; Saldinger et al., 2004a; Werner-Lin & Biank, 2013). The current study extends the current literature by providing a more in-depth understanding of the daily lives of surviving parents and by highlighting changes in their: a) parenting strategies, b) feelings regarding parenting, c) relationship with their child(ren), and d) grief practices and coping mechanisms.

In this chapter, discussion will be organized according to three sections: 1) Co-Parenting before Decline and Death; 2) Co-Parenting during Decline and Death; and 3) Parenting after Death. Findings will be interpreted and explained using the combination of Dual Process Model (DPM), Family Development Theory (FDT), and Belsky's Process Model of Parenting. Lastly, the chapter provides a discussion of the study's significance, limitations, and recommendations for future research and preventive interventions.

Co-Parenting before Decline and Death Findings

Overall, participants explained that when the deceased parent was still alive, parenting was an easier, more enjoyable experience because they could "tag team" or work efficiently together as co-parents. The participants also described a balance or complement of traits between them and their co-parents. For example, they would describe some as more vigilant than the surviving parent or some were better at disciplining their children than the surviving parent. These findings support domains of Belsky's

model of parenting, including both the parent's characteristics and the broader social context. For participants in this sample, it was clear that because parents were providing each other with support and functioning as a team to conquer parenting responsibilities (i.e. as part of the broader social context), their attitude toward parenting was positive (i.e. characteristics of the parent; See Appendix B).

However, it is important to note that these findings were not found across all participants. Specifically, findings seem to differ by age of surviving parents. In the period of time before the illness and death, the three oldest widowed mothers in the sample noted that in comparison to their deceased co-parents, they were performing much more of the parenting responsibilities with their children (e.g., getting children showered and clothed for school, setting up doctor's appointments, helping with homework) whereas their deceased co-parent assumed more of the non-parenting, household responsibilities (e.g., cooking, yardwork, outside projects around the house). It is possible that these women, because of their age, come from more traditionally structured families where women were more responsible for tending to child care and household needs while men were holding a job and providing for their family (Coltrane & Shih, 2010). This is consistent with literature suggesting that following the birth of a child, parents adopt more traditional gender role behaviors, which for women may also include working outside of the home (Coltrane & Shih, 2010; Katz-Wise, Priess, & Hyde, 2010). Research using longitudinal time diary data also suggests that mothers in comparison to fathers traditionally shoulder the majority of childcare (Yovorsky, Dush, & Schoppe-Sullivan, 2015).

Another gender-related pattern was seen with younger widows in this sample in that they described their co-parent pre-decline or death as being very involved in parenting tasks. Younger widowed mothers described their deceased co-parents as aiding them directly with hands-on tasks related to child bearing (e.g., dropping children off at school, making lunches, waking up during the night to assist with nightly feedings of infant children, changing diapers, assisting with bath time), which was not as apparent with the older bereaved mothers in this sample. This is consistent with economic trends

observed within the past few decades: as more mothers are entering the workforce, more fathers are assuming responsibility for caregiving roles towards their children (American Psychological Association, 2020). Data trends have shown an increase in both the time fathers spent and activities fathers performed with their children in Western countries, resulting in positive child development and behavioral outcomes (Opondo, Redshaw, Savage-McGlynn, & Quigley, 2016; Schober, 2015). It appears that the parental involvement among younger fathers within this sample reflect the current trends of father involvement today. It was also noted in this sample that surviving parents and their partners were looking forward to being parents and raising children together. This reflects findings that fathers with nontraditional attitudes toward fathering spent significantly more time with their children and engaged in more physical care, play, and activities with their children than fathers with more traditional attitudes toward fathering (McGill, 2014).

Co-Parenting during Decline and Death Findings

Findings support a change in the experience of surviving parents in which they are at a transitional stage because of their co-parent's illness. During the liminal period of the co-parents' decline and death, it was clear that a co-parents' illness had a negative impact on their parenting. According to surviving parents in this sample, the severity and extent of their co-parents' illness often limited their ability to parent, including the types of parenting responsibilities in which the deceased co-parent could engage (e.g. attending to child, changing diapers). Thus, the diagnosis and progression of the co-parent's illness provides support for FDT in that this unexpected event was followed by a change in their ability to carry out parenting responsibilities as they may have done prior to their illness. This is consistent with research suggesting that changes in the efficacy of parenting occur for parents with a chronic illness who also have children under the age of 18, as they are likely impacted because of emotional, physical, cognitive, and routine changes due to their illness (Moore, Rauch, Baer, Pirl, & Muriel, 2015; Muriel et al., 2012). A systematic review of the literature suggests that parents with a chronic illness may experience feelings of

guilt related to not being a “good parent” (Semple & McCance, 2010, p. 115). It may be beneficial for family interventions to: 1) prepare surviving parents for the anticipated change in parenting that is likely to occur due to their partner’s illness so that they are better mentally prepared to take on their partner’s parenting responsibilities; and 2) explain to the ill co-parent that their parenting role from diagnosis to death will likely change due to their illness to help them be better able to work through negative feelings associated with parenting.

Role Overload

In tandem, surviving parents were often juggling the role of parent to their child or children as well as caregiver to their co-parent, putting additional strain on the surviving parent to maintain all of the roles they were responsible for prior to the death with the addition of caring for the deceased co-parent (e.g., parent, wife, employee). This experience of many of the surviving parents in this sample relates to the concept of *role overload*, in which a person has too many role demands, or the volume of tasks is too great, given the time they have available to satisfy them (Hecht, 2001). Regardless of managing care for a co-parent, a study by Duxbury, Stevenson, and Higgins (2018) suggested that for two-parent households in which both partners worked full time and had children under the age of 18, role overload in relation to family overload and work overload were significant predictors of perceived stress for parents. This establishes that even in two-parent households, role overload may introduce stress for co-parents. In a study that did examine role overload in relation to spousal caregiving in older individuals, more involved and intensive forms of caregiving (e.g., administering injections) were associated with greater role overload for caregivers (Polenick et al., 2018). Role overload should be further examined in young widowed parents who have children, as patterns within the sample suggest that it is a part of the lived experiences of surviving parents who have lost a co-parent due to chronic illness. This would aid in the development of resources and materials to assist young widows and widowers in management of their multiple roles during this time.

A part of this liminal role for many surviving parents also included the difficult task of telling their child about their co-parent's death or potential to die. This finding marks the beginning of the family's transition into a new family stage that does not include the deceased co-parent, as suggested by FDT (Rodgers & White, 1993; White & Klein, 2008). In communicating to their children about the death or potential death of their co-parent, surviving parents in this sample were preparing them for a new family structure and interactions without their co-parent.

Other studies have also examined the challenging task of communicating to dependent-aged children that their parent is ill and dying. A mixed-methods study examined communication with children under the age of 18 about a parent's advanced stage chronic illnesses (e.g., stage IV solid tumor malignancies), which was similar to many chronic health conditions experienced by deceased co-parents in the current study's sample (Hailey et al., 2018). Also similar to the experience of many surviving parents in this sample, Hailey and colleagues (2018) noted that it was typical for parents to convey to their children information about their illness if there was a possibility of death or if a dramatic deterioration in the deceased co-parent's health had taken place. It was also noted that for many parents, communicating this information to their children was a source of distress, as many parents lacked confidence and found it difficult to know if communication is appropriate, especially for parents of young children (Hailey et al., 2018; Semple & McCaughan, 2013). In another study of families in which a parent was dying from terminal cancer, Park and colleagues (2017) noted that having clear and candid communication with children about their parent's illness and end of life, including conversations both before and after the parent's death, was an important step for family adjustment. Children in particular, even as young as the age of 2, benefit from honest, open conversations regarding all phases of their parent's cancer development, including end of life care, as long as death is explained using simplistic language (Warnick, 2015). These findings relate to the experience of surviving parents in this study's sample, as many of them found that telling their children about their co-parents' end of life or death to be a difficult

conversation that they did not always know how to facilitate with their children. Future chronic illness support groups should focus their efforts on teaching and providing resources to surviving parents so that they feel more comfortable and equipped to have end of life conversations, especially with their young children.

Social Support Findings

During the transitional period of the co-parents' decline and death, it was common for surviving parents to utilize additional support from family members, friends, and members of the community, such as babysitters, to assist them in sharing the additional responsibility of serving as caretaker for their partner and parent to their children. Obtaining support during the decline and death of their co-parent served as a resource for surviving parents, as they acknowledged that having support during this time was welcomed and helpful. According to FDT, a family's pre-existing resources can help lessen family stress during the transitional period, which may have a positive impact on their transition to the next stage (Aldous, 1990; Rodgers & White, 1993; White & Klein, 2008). In addition, this finding is consistent with both the macro-level influences of FDT and the broader social context domain of Belsky's (1984) model, which indicate seeking out social support is typical if the marital relationship is severed.

While there is a dearth of research on informal support for young spouses in the parenting role providing care to their partner with a chronic illness, literature on older caregivers managing care for a family member or spouse with a chronic illness note the use and benefit of informal support during caregiving (Solomi & Casiday, 2017). One study suggests that family and friends may provide support with health management of adults with a chronic illness by assisting with health care and attending health care appointments (Lee et al., 2017). Another study examining the use of informal social supports to reduce caregiver burden suggested that having at least one person providing informal support (e.g., friend, family member), particularly if these social supports were relatives or living with the family, would significantly reduce caregiver burden (Shiba, Kondo & Kondo, 2016). It was noted within the current

study's sample that these forms of informal support were welcomed and often necessary to the surviving parent, aiding their ability to maintain their partner's health as well as the functionality of their family during this time. Future studies should examine caregiver burden and the use of informal support systems within families comprised of young couples with children in which one partner has a chronic illness to further assess the impact that informal supports have on this population, including how their roles may be different than the informal support received in families with older chronically ill members.

Some surviving parents also took advantage of websites as a resource to help organize and streamline care and meals, as well as keep family members updated regarding their co-parent's illness. While this provided a source of support for some parents and was a resource that lessened family stress and eased the family through the transitional period according to FDT, others noted having negative experiences utilizing these resources in that use of these websites and scheduling became overwhelming (Aldous, 1990; Rodgers & White, 1993; White & Klein, 2008). Many surviving parents in this sample utilized websites, such as Lotsahelpinghands.com, as a form of *assistive technology*, defined by the World Health Organization (2014) as technology related to the provision of health and assistive care, to their chronically ill co-parent. In the first systematic review of the literature regarding assistive technologies in reducing caregiver burden for informal caregivers of older adults, Marasinghe's (2016) findings relate to patterns seen in the current study. On the one hand, forms of assistive technology can reduce caregiver burden (e.g., reducing time and energy put forth during caregiving, reducing anxiety in relation to caregiving; Marasinghe, 2016). In the current sample, Jessica and Michael exuded that for them the Lotsahelpinghandds.com website reduced their caregiver burden, as Jessica did not need to individually contact family and friends to update them regarding her co-parent's health, and Michael was able to systematically coordinate and provide meals for his family using the same website. On the other hand, forms of assistive technology could add to caregiver burden (e.g., demanding more attention from caregivers, bringing on further stress or physical and emotional burden of responsibility; Marasinghe,

2016). In the current study, Michelle discussed her negative experience with similar types of coordination of care websites, telling me that it was “too much” to deal with during the time of her co-parent’s illness. Future research should continue to examine the benefits and limitations of assistive technology for young caregivers and their partners who suffer from chronic illness to be able to make improvements and be more inclusive of all types of caregivers helping to manage chronic illness.

Grief Findings

Some parents in the sample noted that they began grieving before their co-parent passed away based on their understanding of the severity of their partner’s diagnosis. Others noted that they were grieving their partner’s death before the loss because the nature of their co-parent’s chronic illness had changed their personality. This *anticipatory grief*, or grieving the loss of a loved one in advance of their unavoidable death, has been found in families that may be unable to make sense of the loss and have poor grief-specific supports in place (Burke et al., 2015). This relates to FDT in that surviving parents who experienced anticipatory grief may have more distress that affects the family’s interpretation of the event of their co-parent’s death, which can make their transition more difficult (Aldous, 1990; Rodgers & White, 1993; White & Klein, 2008). In this sample, some surviving parents’ experience of anticipatory grief also supports the loss-oriented coping component of the DPM, in that surviving parents who experienced anticipatory grief were focused on their own grief and the loss of their spouse before it occurred (Strobe & Schut, 2010). It may be particularly important for surviving parents who experience anticipatory grief to utilize intervention services before the death of their co-parent to aid them through their family’s transition (Burke et al., 2015).

Gender-related Findings

During the period of time in which families were managing illness prior to the deceased co-parent’s death, another gender-related trend within the data included a pattern of male co-parents putting off or refusing to see a doctor prior to their diagnosis (e.g., “he kept putting it off”; “he would say, ‘Oh, it

felt better' ") or while receiving treatment (e.g., "he was getting dehydrated, and it was getting serious, and he didn't want to go to the hospital"). This "I'm fine" mentality exuded by deceased male co-parents in this sample as recounted by their female partners is consistent with literature suggesting that men are less likely than women to partake in healthcare utilization, particularly regarding preventative care within the United States (Vaidya, Partha, & Karmakar, 2012). Similarly, other studies have shown that women are more likely than men on average to use healthcare-provided services (e.g., cancer screenings, filling prescriptions), visit their primary care clinic, and receive diagnostic services (Bertakis, Azari, Helms, Callahan, & Robbins, 2000; Owens, 2008). Thus, this gender-related trend observed within this sample was not surprising to hear as part of the conversations had with surviving parents regarding their lived experiences of this phenomenon.

Parenting after Death Findings

Chapter 6 themes support that the act of parenting as a single, widowed parent after the death of a co-parent is a multifaceted experience that differs in comparison to the surviving parents' time parenting with a co-partner before death. Following the death of their co-parent, surviving parents' transition to single parenthood is marked by an increase in managing all parenting and other responsibilities, including household finances and legalities. Handling the household finances, legalities, and parenting responsibilities was indicated by surviving parents to be a new norm, or expectation, for them in relation to their experience of being a single, widowed parent. This finding is in line with FDT, which suggests that norms occur in tandem with the stabilization of families following an event (Borne et al., 1979; Rodgers & White, 1993; White & Klein, 2008). As many participants in this sample described feeling unprepared for managing legal and financial matters following the death of their co-parent, this finding is in line with results from a qualitative research study comprised of a sample of older widows, which suggests that widows may have unmet needs concerning financial and legal issues, in some cases lasting years after their spouses' death (DiGiacomo, Lewis, Phillips, Nolan, & Davidson, 2015). This lack of

support is indicative of a need for policy reform and resources to help improve financial literacy for individuals who have lost a spouse. While surviving parents felt overwhelmed by the management of finances and caring for their children, according to the DPM this indicates a restoration-oriented approach, as surviving parents are expending energy to focus on these secondary life stressors that are consequences of bereavement as opposed to focusing on their grief (Strobe & Schut, 2010).

Many parents in this sample noted that assuming the role of a single parent following the death of their co-parent, another norm in accordance with FDT, is overwhelming and hard in comparison to when they were parenting with a co-parent (Khosravan et al., 2016). This is also consistent with FDT in that role confusion and reorganization are typical before a family becomes stable again (Borne et al., 1979; Rodgers & White, 1993; White & Klein, 2008). Previous literature has echoed these findings, as some widowed mothers in other qualitative samples noted that they experienced difficulty in taking on and filling certain roles that had been previously performed by their deceased co-parent and felt lost or anxious in their new role as a single parent (Glazer et al., 2010; Saldinger et al., 2004a). In addition, parents noted that they missed having their partner to help with decision-making and to act as a “sounding board” for support regarding parenting decisions. This reflects the parental characteristics domain of Belsky’s (1984) model, which suggests that individual differences in parenting functioning may be due to surviving parents’ perception of their ability to parent.

Surviving parents in this sample used parenting strategies that were different from when they were parenting with a co-parent, including acknowledging that they cannot replace the deceased parent, but trying to fill their role as a parent. This is indicative of surviving parents’ sense of commitment and devotion to their new role as a single, widowed parent, and their wanting to consistently be present for their children, which may be a stressful and overwhelming experience (Khosravan, Salehi, Ahmadi, & Sharif, 2010; McClatchey, 2018). Surviving parents in this sample also conveyed being more emotionally attuned to their child’s needs, more reassuring with their child following the death of their co-parent, and

choosing battles with their child when they experienced disobedience or when their child is exhibiting certain behaviors. One study examining the parenting strategies of single, widowed mothers refer to this type of single, widowed parenting as *sentimental parenting*, which is marked by child-centeredness, greater responsiveness, sensitivity, and support toward the child, and less confrontation and demand from children (Khosravan et al., 2010). It is interesting to note that although parents in this sample conveyed that parenting has become more difficult since the death of their co-parent, they are engaging in high quality parenting in terms of their responsiveness to their children. In line with Belsky's (1984) parenting model, characteristics of the parent (e.g. their perception of their child's needs) may influence their role as a parent following their co-parent's death. Again as a part of the DPM, as surviving parents are attending to their children as opposed to focusing on their grief, this is indicative of restoration-oriented coping (Stroebe & Schut, 2010). More research is needed to further understand the parenting qualities of surviving parents and the impact that they have on both parent and child outcomes.

In addition, many parents discussed their conscious effort following their co-parent's death to maintain a connection between their deceased co-parent and child. Some surviving parents did this by enrolling their child in lessons for an instrument that the deceased parent used to play, while others shared stories or brought articles of clothing to activities to represent the deceased co-parents' presence. It was important for many surviving parents in this sample to keep the memory of the deceased co-parent alive for the sake of their children. This ability of surviving parents to facilitate bonds between the deceased co-parent and their child is a reflection of their own characteristics as a parent in support of Belsky's Process Model of Parenting (1984). This is consistent with previous research supporting the facilitation of continuing bonds between the deceased parent and child by the surviving parent (Field et al., 2003; Saldinger et al., 2004a; Saldinger et al., 2004b). While previous literature notes that facilitating continuing bonds may be difficult and distressing for surviving parents, who may not be emotionally available to facilitate a relationship between the deceased co-parent and child (Werner-Lin & Biank,

2013; Yopp et al., 201), this did not appear to be experienced by surviving parents in this sample. It is possible that because a majority of this sample's surviving parents were anticipating the death of their co-parent, the dying co-parent could assist in leaving keepsakes or letters behind for their child (Saldinger et al., 2004b).

Lastly, surviving parents struggled with the timing of when to share mementos from their deceased co-parent with their children. A few surviving parents discussed having letters and videos that the deceased parent made for their children, but indicated they did not know when they should share this information with them. For some surviving parents, this was based on factors such as wanting to save things for the child to see in the future and noting that the content of the videos may be more pertinent to the child once they reach a certain age. Reasons for postponing passing on this information to their children aligns with the child characteristics domain of Belsky's (1984) Process Model of Parenting, which may account for a surviving parent's decision to share the information with their child at a later time.

Social Support Findings

Following their co-parent's death, a majority of surviving parents enrolled themselves and their child or children in some form of bereavement support. Support systems for children varied and included play therapists, adjustment counselors, and bereavement day and overnight camps. Surviving parents additionally utilized a variety of types of support, including widowhood support groups and camps, therapists, psychologists, and grief counselors. In addition, many parents and their children jointly participated in family-focused nonprofit bereavement resource centers that aim to specifically help families with young children cope with the loss of a parent. These findings are consistent with previous studies suggesting that surviving parents, particularly women, seek out external support, including family, friends, bereavement support groups, grief counselling, and websites and blogs following the death of their co-parent (Chidley et al., 2014; Glazer et al., 2010; Werner-Lin & Biank, 2013). While ultimately

enjoying his experience with and feeling supported by adult and family-based bereavement support groups, Michael indicated that he likely would not have taken advantage of these resources if it had not been for concerned friends of his deceased wife contacting support groups on his behalf. Though literature is sparse, this is consistent with findings indicating that bereaved fathers are more likely to use more covert forms of grief support as opposed to seeking out bereavement-based support groups (Yopp et al., 2015). Additionally, as bereavement support groups typically consist of women, men may not feel comfortable expressing sadness or vulnerability in front of members of the opposite sex (Garfinkel, 2011). This is also reflected in what we currently understand about how men and women grieve, as women are more likely to be open about their emotion and grief expression, whereas men are not (Corr, Nabe, & Corr, 2000; Martin & Doka, 2000; Versalle & McDowell, 2005). Additional research is needed to better understand how to meet the needs of grieving men, particularly surviving fathers who have lost a co-parent. Bereavement support groups should 1) create spaces where men feel comfortable talking about their grief, 2) facilitate grief discussions with men in a way that is consistent with how they grieve (e.g., asking “What have you been doing?” as opposed to “How do you feel?”), and 3) find ways to provide men with grief support resources specific to them.

Following the death of their co-parent, it was common for more informal support, such as help from friends and family, to decrease with time. Parents noted that friends and family members were checking in on them less frequently, less available to talk with them about how they are doing, and less likely to follow through on plans or agreements that they had made shortly after the co-parent’s passing. This is consistent with both a family’s transition in accordance with FDT and Belsky’s (1984) broader social context domain, as support may fluctuate after a co-parent’s passing and additional support may need to be sought out from other sources (e.g., bereavement supports as mentioned above). This is consistent with literature assessing trajectories of social support in widowed populations, which also showed a decline in both emotional support and amount of support provided by family members within

the first two years of widowhood (Powers, Bisconti, & Bergeman, 2014). It may be beneficial for formal support groups to provide resources to surviving parents that prepare them for the decrease that they may experience in informal support over time so that this does not come as a surprise or produce feelings of bitterness or resentfulness toward individuals who were previously providing sources of support.

Grief Findings

Participants in this study acknowledged that their grief, while heavy and deep, would come and go in waves as part of their grief process following the death of their co-parent. Some parents acknowledged that they fluctuate between a “place of blessings versus loss”, and that their grief waves still occur although they have become easier to manage with time. This finding is consistent with and provides support for the DPM, which suggests that oscillation between loss-oriented and restoration-oriented coping occurs depending on daily experiences (Stroebe & Schut, 2010). Participants in this study also identified times in which grief following the death of their co-parent had a negative impact on aspects of their parenting, such as affecting their level of patience with their child, their ability to handle their child’s needs, their capability to manage or correct bad behavior, and impacting certain opportunities of their children, such as their ability to play a team sport. This is consistent with literature suggesting that surviving parents may be unavailable to their children due to coping with or feeling the impacts of their own grief (Saldinger et al., 2004b; Werner-Lin & Biank, 2013).

Although at times grief was an interference, surviving parents also shared that they felt they had no choice or say about it but to put their grief aside to be able to parent as the sole guardian of their child or children. This is consistent with previous literature that suggests that motherhood provides widows with a sense of resilience and purpose after loss, and that parents are committed to their new roles as single parents after the death of their co-parent (Chidley et al., 2014; McClatchey, 2018). Additionally, this reflects the parent characteristics domain of Belsky’s (1984) process model of parenting, as parents’ individual perception of grief may account for their individual differences in parental functioning. This

finding also provides support for the DPM (Stroebe & Schut, 1999, 2001), as parents are able to grieve in doses so that they can expend their cognitive resources on other tasks, such as parenting their children.

As a part of the grieving process, surviving parents indicated that after the passing of their co-parent, they would talk to the deceased parent, often asking them questions, and feel their presence in daily activities, such as bath time with their child or when an alarm on the deceased co-parent's cell phone went off, and familiar places, such as being in the apartment that the deceased and surviving parent shared. This is consistent with literature suggesting that bereaved people often experience sensations of the presence of the deceased as part of a continued relationship, which may include feeling their presence or having a visual or auditory experience involving the deceased (Keen, Murray, & Payne, 2013). In addition, other qualitative studies have noted the importance of family members (e.g., spouse, parent, sibling) talking to other deceased family members (e.g., deceased spouse or child), often times to express remorse (McClatchey, 2018) or to experience feelings of comfort, and in some cases discomfort (Foster et al., 2011). In the current study, surviving parents would often talk to their deceased co-parent regarding their current single parenting situation and feeling alone in the matter. According to the DPM, conversing and focusing on the presence of the deceased is consistent with loss-oriented coping with grief (Stroebe & Schut, 2010). Future studies should examine the benefits and pitfalls of talking to the deceased as a means of coping with grief, particularly for surviving parents.

Surviving parents also discussed how they would utilize cognitive reframing to cope with grief and their situation as a young, widowed parent. Surviving parents who discussed using this tactic shared how they would think about their current situation in a new way to make the situation more bearable for them as well as their children at times, some telling themselves that they need to just get through “*this* challenge” and get through one task at a time, others telling themselves that although their co-parent is deceased, it was a “privilege” to be able to have been with them through the end of their life. Another surviving parent used this strategy to help adjust her children's thinking about the loss of their father, so

that they may be able to take this non-normative life event and be able to appreciate and find joy in “the smallest things”. The use of cognitive reframing originated in cognitive behavioral therapy and has been used as a therapeutic technique to help clients “create new meaning from distressing situations where irrational, distorted, or imbalanced thinking has affected his/her behavior, mood, or both” (Robson & Troutman-Jordan, 2014; Wicks & Buck, 2011, p. 11). As many of the surviving parents in this sample utilized formal bereavement support services, it is possible that this technique may have been introduced to provide them with a more positive way of coping as a single, grieving parent. The use of cognitive reframing also exemplifies a restoration-oriented approach as part of the DPM (Stroebe & Schut, 2010). Surviving parents in this sample used cognitive reframing as a way to make restorative life changes that allow them to navigate new situations in order to postpone their grief. While there were times in which surviving parents could utilize a restoration-oriented approach to process their grief, there were other daily experiences in which they would be overwhelmed with grief and negative feelings upon seeing other families or couples. This would trigger surviving parents to grieve what could not be, thus prompting an intrusion of grief consistent with the loss-oriented approach of the DPM (Stroebe & Schut, 2010). Future research should continue to use the DPM to further examine both restoration-oriented and loss-oriented approaches of grieving with surviving parents who have experienced the death of a co-parent.

Surviving parents in this sample disclosed in their interviews how they would grieve in the presence of their children. On the one hand, many participants noted that they did not want to outwardly show their grief in front of their children and instead would make an effort to hide crying or other visible expressions of their grief. On the other hand, while surviving parents were mindful about showing grief in an emotional way in front of their children, most parents in the sample shared that they were engaging in conversations with their child about grief and explaining emotions to their children surrounding the act of grieving. Some surviving parents noted the importance of providing a safe space or “outlet” for their children to discuss their feelings and feel comfortable in talking with their surviving parent or others

about their grief process. These findings suggest that the way in which surviving parents communicate their emotions surrounding grief to their child are important to them. Research suggests that it may be difficult for young children to conceptually understand when someone else is experiencing multiple emotions simultaneously, especially during emotionally complex situations (e.g., a wave of grief; Larsen, McGraw, & Cacioppo, 2001; Larsen, To, & Fireman, 2007). Thus, a parent may choose to hide multiple emotions from their child during emotionally complex situations, such as periods of grief, in an attempt to buffer and protect children from having an overwhelming emotional experience (Dunsmore et al., 2009). While talking about the death of a co-parent to children is a topic in which informed guidance for surviving parents is lacking, programs such as the *Family Bereavement Program* attempt to provide surviving parents with skills to support their children (Sandler, Wolchik, Ayers, Tein, & Luecken, 2013). Warnick (2015) also considers ways in which surviving parents may talk to their children about death, including being honest and open with their children, using developmental appropriate techniques, and fostering emotional literacy.

Gender-related Findings

Within this sample, there was also a trend in relation to widowed mothers' experiences with grief and their grieving processes. Many women described that they felt that their own grief processes were very different than their understanding or witnessing of men's grief processes. Women in the sample described their experience with grief as "taking on their child's grief", and grieving "longer, harder, deeper" in comparison to the grief processes experienced by men. A couple of participants also discussed that they felt the gender differences in grieving involve the "nurturing nature" of women. In comparison, widowed mothers in this sample described male grief as "compartmentalizing", noting that in their experience they felt that males "just want to get on with it", have "trouble handling their emotions", and have a "short term of grief". These views from various participants in the sample in relation to the intensity of grief expression are consistent with literature on gendered grief as mentioned in Chapter 2,

suggesting that it is typical of women to display intense emotions while grieving, whereas men may not express their grief as outwardly (Martin & Doka, 2000; Versalle & McDowell, 2005). The view expressed of men wanting to carry on from the death was also echoed by Saldinger et al., (2004a) who found that in a sample of 41 bereaved mothers and fathers, it was fathers who expressed wanting to bring their lives back to functioning as the family unit was before their partner's death occurred. Future research should continue to examine patterns of gendered grief, as the perspectives noted above are limited in that they are supplied by only the women who lost their husbands within this small sample, and other recent research on spousal bereavement with widowers suggests that gender roles surrounding grief are changing in that men may no longer identify with earlier notions of gender-related grief (Silverman & Thomson, 2018).

Significance

This study is important because it captures the lived parenting experiences of surviving parents following the death of their co-parent and provides them a voice with which to speak about them. Further, it deepens our understanding of the meaning of parenting and what parenting looks like for surviving parents following the death of a co-parent. A novel contribution of this study includes the utilization of both the Dual Process Model of Coping with Bereavement and Belsky's Process Model of Parenting as frameworks to understand more about surviving parents' experiences following the death of a co-parent. This is a strength of the current study because these theories have not been directly applied to this population in previous research. As a result, a deeper understanding of their experience, especially if these experiences are evidenced in future studies, would aid support group facilitators, grief counselors, and others who work directly with families following a parent's death, particularly other surviving parents. In order to improve parent intervention programs, parenting support groups, and individual or family counselling sessions, a better understanding of surviving parents' lived experiences is needed before "best practice" advice is given, which may not be realistic for surviving parents. This study may also inform additional qualitative and

quantitative research in this field, as most studies that examine families after the death of a parent focus on child outcomes, not surviving parent outcomes.

Limitations

As with any qualitative study, findings from this study only offer a single interpretation of the interviewed surviving co-parents' meaning and experience of parenting following the death of a co-parent. Although steps were taken to ensure the rigor of the study, it is possible that my interpretation is not the only plausible one (van Manen, 1997). Thus, while some patterns can be drawn based on the sample population, the researcher cannot assume generalization to a wider population. Though generalizability is a limitation in this way, it is possible that themes identified in the current study may be used to inform future studies with larger, more representative samples. In relation to the study's sample, another limitation is that the sample is composed of individuals who are living in the same geographic location, so the experiences provided may not be true to other surviving co-parents who live in other geographic regions. Lastly, this study included a broad inclusion criterion and did not limit participants based on criteria such as cause of co-parent's death or age of surviving parent or child. Because the current study is not examining specific death or family-related factors (such as cause of death, age of children, etc.), the researcher chose not to set additional criteria in the event that she may be excluding surviving parents who may yield rich information about their lived parenting experiences.

Future Research Directions

The findings of this study indicate the multifaceted nature of the experience of surviving parents following the death of a co-parent. Future qualitative studies should continue to examine this phenomenon with larger samples and in different geographic locations to further our understanding of how surviving parents adjust to the role of single parenthood after experiencing a co-parent's death. Specifically, researchers should further examine the parenting qualities of surviving parents and how they impact remaining family functioning, including the effects on both parent and child outcomes. Examining

parenting qualities in greater depth may allow for greater understanding of what relates to loss-oriented versus restoration-oriented coping approaches. For example, future qualitative studies could further examine whether talking to the deceased partner is more of an adaptive or maladaptive coping practice for surviving parents, and whether or not this is a means of coping that should be encouraged by grief support services.

Future qualitative studies should additionally examine caregiver burden on surviving parents who have experienced the death of a co-parent, as caregiver burden was evident for surviving parents based on findings from the current study. It may be beneficial to this population to understand more about their use of informal support systems, including the use of websites as assistive technology, during the period of time in which one's partner has a chronic illness. This may help to further assess the impact that informal supports have on this population, including how their roles may be different than the informal support received in families with older chronically ill members. Additionally, it may inform ways in which we can improve technology to better assist families with a chronically ill co-parent.

In relation to support, this study's findings showed a need for additional research to better understand how to meet the needs of grieving men, particularly surviving fathers, as they may not feel comfortable utilizing grief support services. Based on surviving parents' experiences with grief, including feeling their presence or speaking with the deceased, future research should continue to examine how these processes both positively and negatively affect the surviving parent to determine if this is a constructive method of coping, which was unclear based on current research.

Future Implications for Support Services

This study shed light on the importance of various forms of bereavement support for surviving parents and their children following the death of a co-parent. While many surviving parents in this sample noted positive experiences, bereavement support services still have improvements to make in order to better support this particular group of individuals.

During a co-parent's decline and death, the roles of both surviving parent and co-parent inevitably change. Family support interventions should work more closely with surviving parents and their declining co-parent to better prepare them mentally for this stage of change and transition, especially for surviving parents who experience anticipatory grief. Providing parents with more resources (e.g., information regarding how to talk to their children about death, information regarding the importance of the timing of sharing things with children) on what this change will likely look like and what to anticipate may be important for reducing stress and feelings of inadequacy for both parents. In addition, providing greater access and awareness of family intervention programs prior to a co-parent's death would encourage families to utilize their services.

Following the death of a co-parent, it additionally may be beneficial for support groups to prepare surviving parents for the decline in support that they are likely to experience after their co-parent's passing. Many of the surviving parents in this sample had been receiving informal support from family and friends for the duration of their partner's illness, which for some lasted over a year. Providing surviving parents with resources on this topic may allow them to expect this fluctuation in support and reduce feelings of bitterness or resentment toward individuals who were previously providing sources of support to them.

Regarding gender, findings suggest a need for bereavement support groups to create spaces that better support the needs of men, which may include facilitating discussions about grief in different ways that are more consistent with the way that men grieve. It would also be helpful to create resources specific to the grief experienced by men so that they feel comfortable in seeking and receiving grief support services. In addition, it may benefit surviving parents to prepare them ahead of time for the experience of a decline in support from their informal support networks, as was the experience of surviving parents in this sample.

This study provides support that the grief of single, widowed parents is consistent with bereavement as indicated by the DPM. From these findings from the current study, it may be beneficial to this population if support group facilitators focused on how to assist surviving parents with restoration-oriented coping approaches following the death of their co-parent (e.g., how to selectively attend to life changes, utilizing cognitive reframing) as opposed to using stage theories of grief. As surviving parents are tasked with managing finances and legalities, as well as parenting their children following the death, they may feel less overwhelmed in handling these tasks if they have strategies to use that help distract them from their grief. Facilitating these types of experiences with surviving parents may make them feel equipped to handle the transition into single parenthood if they have greater awareness of what to expect.

Lastly, it would be beneficial to include resources to surviving parents that would assist their financial literacy in relation to the experience of a spouse dying. Dealing with legalities and finances of the deceased, even when surviving parents felt prepared to manage these responsibilities, was often a much larger and ongoing task than was anticipated. Based on the current study's findings, developing and providing access to these types of resources would likely be a shift in the right direction to better support surviving parents and their families post-death.

Conclusion

This study makes a contribution to the literature because it 1) utilizes conceptual frameworks to understand how parent, child, and broader social characteristics affect their parenting ability after loss, 2) gives insight into the needs of surviving parents based on their grief and bereavement experiences, and 3) discusses the day-to-day parenting practices that encompass surviving parents' experiences as a single, widowed parent following the death of their co-parent and how they compare to parenting before and during the co-parent's decline and death. This scholarship provides insight into the lived experiences of surviving parents who have experienced the death of a co-parent and facilitates how support systems can better meet their needs.

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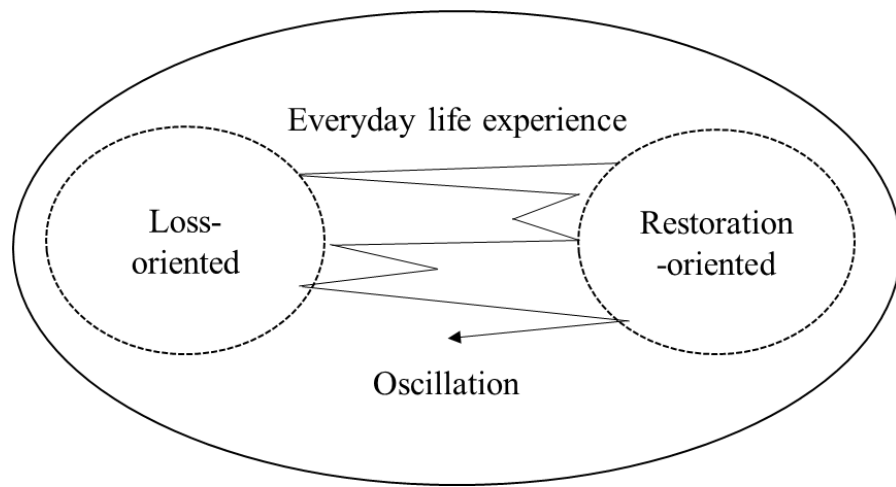
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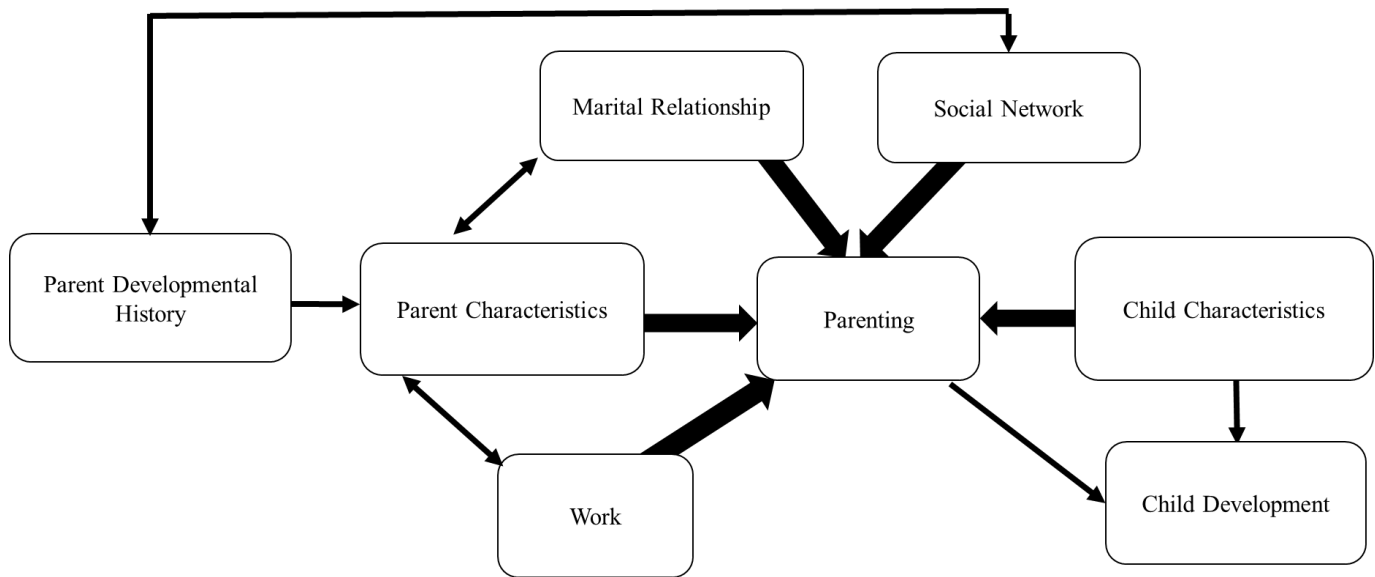
Appendix A

Dual Process Model of Coping with Bereavement (Stroebe & Schut, 2010)



Appendix B

Belsky's (1984) Process Model of Parenting





University of Connecticut

Volunteers Wanted for a Research Study

Parenting After the Death of a Co-Parent: Dissertation Study

UConn researchers from the Department of Human Development & Family Studies are looking for widowed parents (mothers and fathers) to participate in a research study on how parenting changes for a surviving parent after the death of a partner with whom they were parenting children. The main purpose of the study is to learn more about the parenting experience, both before and after the death of a partner, and how grief may impact it.

Who Can Enroll?

To participate in this study, mothers and fathers need to speak English and:

- ☐ Have experienced the death of a co-parent (a partner with whom you shared the responsibility of raising a child with before death)
- ☐ Have experienced the death of a co-parent less than 5 years ago
- ☐ Have been jointly raising a child younger than age 18 with the deceased co-parent before death
- ☐ Have been living in the same household as the deceased co-parent before death
- ☐ Ensure that if in a romantic relationship with a new partner, the new partner has not assumed a parenting role

What does the study involve?

The study includes completing a demographic survey and interview with the researcher in your own home. The interview will be recorded and ask about your parenting experiences before and after a co-parent's death. These procedures will take approximately 1-2 hours.

As a thank-you for participating, you will be awarded a \$40 Target gift card.

This research is conducted by Erin Donohue, M.A., under the supervision of Dr. Linda Halgunseth. To learn more about this research study, please contact the Principal Investigator: Dr. Linda Halgunseth at (203)-236-9826.

To participate in this study, please contact

Erin Donohue at erin.donohue@uconn.edu OR 781-307-6338

Consent Form for Participation in a Research Study



Principal Investigator: Linda Halgunseth, Ph.D.

Student Researcher: Erin Donohue, M.A.

Study Title: Parenting after the Death of a Co-Parent: A Qualitative Study of the Lived Experiences of Surviving Parents

Overview of the Research

You are being asked to provide consent to participate in a research study. Participation is voluntary. You can say yes or no. If you say yes now, you can still change your mind later. Some key points to consider are summarized in this overview, but you should consider all of the information in the document carefully before making your decision.

This research is being done to determine how parenting changes for widowed parents following the death of a partner with whom they were parenting and the role that gender plays in the grief process. The main purpose of the study is to learn more about your parenting experience, both before and after the death of a co-parent, and how grief may impact it. Participation will involve approximately one hour of your time during a one-time visit.

You will be interviewed about your parenting experiences before and after the passing of a co-parent. Interviews will take place in your home at a time that is convenient for you as a participant, maintaining participant privacy and confidentiality of responses. Interview questions will pertain to your parenting, more specifically the parenting practices that you use to continue parenting your child(ren), your parent-child relationship with your child(ren), and the role of gender in these experiences. This interview will be recorded for later coding.

The most severe risks of participating in an interview are minimal psychological risk, as some of the questions during the interview may cause you to feel upset. Risks are described in more detail later in this form.

There are no direct benefits from participating in this study, but this research may result in information that supports support group facilitators, grief counselors, and others who work directly with families following a parent's death, particularly other surviving parents. This study may also inform future studies in the field that focus on the outcomes of parents.

Introduction

You are invited to participate in a research study to learn more about parenting following the death of a co-parent for surviving parents who are raising children under the age of 18 years old.

Why is this study being done?

Most studies that examine families after the death of a parent focus on child outcomes, not surviving parent outcomes. The purpose of the study is to learn more about the parenting experiences of surviving parents, both before and after the death of a co-parent, and how grief may impact these experiences.

What are the study procedures? What will I be asked to do?

If you agree to take part in this study, you will complete a demographic survey and interview today in your own home during this one-time visit. The demographic survey will take approximately 5 minutes. You will then be interviewed for approximately 1-2 hours about your parenting experiences before and after the passing of a co-parent. This interview will be recorded using an audio recording device for later coding. Interview questions will pertain to your parenting, more specifically:

- The parenting practices that you use to continue parenting your child(ren)
- The parent-child relationship you have with your child(ren)
- The role of gender in these experiences

At the end of the interview, you will be asked if you would like to be contacted by phone in the future when the interviews are being looked over to see if I have accurately captured the meanings you wished to convey during the interview. If you agree to be contacted, I will reach out to you at a later date using your preferred phone number.

If, during the course of this research study, a UConn employee suspects that a minor (under the age of 18) has been abused, neglected, or placed at imminent risk of serious harm, it will be reported directly to the Department of Children and Families (DCF) or a law enforcement agency.

What are the risks or inconveniences of the study?

The most severe risk of participating in an interview is minimal psychological/emotional risk, as some of the questions during the interview may cause you to feel upset. This risk will be minimized due to the provision of support available to you through the bereavement support group you attend. In addition, I will provide you with a list of resources that include books and websites to access following our meeting. I will also remind you of your right to stop study participation at any point during the interview if you feel uncomfortable or emotionally distressed. The only inconvenience is the time required to complete the study.

What are the benefits of the study?

You may not directly benefit from this research; however, we hope that your participation in this study may result in information that supports support group facilitators, grief counselors, and others who work directly with families following a parent's death, particularly other surviving parents. This study may also inform future studies in the field that focus on the outcomes of parents.

Will I receive payment for participation? Are there costs to participate?

There are no costs to being in this study. In recognition of the time and effort required to participate in the study, you will receive a \$40 gift card (Target) at the end of the interview today. A gift

card will be given to you regardless of the completion of the study (even participants with incomplete demographic surveys or interviews will receive a gift card).

How will my personal information be protected?

The following procedures will be used to protect the confidentiality of your data. The researchers will keep all study records (including audio recordings and any codes to your data) stored in a locked cabinet. All audio files and transcribed interview data will be confidentially stored on a password protected flash drive that when not in use will be locked in a cabinet. Only the members of the research staff will have access to the passwords. Research records will be labeled with a 4-digit code (1903, for example, which tells us that 3 people have enrolled in the study). A master key that links names and codes will be maintained in a separate and secure location and will be retained indefinitely. All other data will be retained indefinitely for follow-up research purposes. Audio recordings will only be viewed and coded by members of the research staff. At the conclusion of this study, the researchers may publish their findings. Information will be presented in summary format and you will not be identified in any publications or presentations, as pseudonyms will be assigned to each parent. We will do our best to protect the confidentiality of the information we gather from you but we cannot guarantee 100% confidentiality.

You should also know that the UConn Institutional Review Board (IRB) and Research Compliance Services may inspect study records as part of its auditing program, but these reviews will only focus on the researchers and not on your responses or involvement. The IRB is a group of people who review research studies to protect the rights and welfare of research participants.

Can I stop being in the study and what are my rights?

You do not have to be in this study if you do not want to. If you agree to be in the study, but later change your mind, you may drop out at any time. There are no penalties or consequences of any kind if you decide that you do not want to participate. During the course of the interview, you do not have to answer any question that you do not want to answer.

Whom do I contact if I have questions about the study?

Take as long as you like before you make a decision. We will be happy to answer any question you have about this study. If you have further questions about this study or if you have a research-related problem, you may contact the principal investigator, Linda Halgunseth (203-236-9826) or the graduate student researcher, Erin Donohue (781-307-6338). If you have any questions concerning your rights as a research participant, you may contact the University of Connecticut Institutional Review Board (IRB) at 860-486-8802.

Documentation of Consent:

I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement and possible risks and inconveniences have been explained to my satisfaction. I understand that I can withdraw at any time. My signature also indicates that I have received a copy of this consent form.

Participant Signature:

Print Name:

Date:

Appendix E

Demographic Survey

Please answer the following questions as accurately as possible.

Surviving Parent Questions

1. I am the:
 - ☐ Biological Parent (Please circle Mother or Father)
 - ☐ Step-Parent (Please circle Mother or Father)
 - ☐ Legal Guardian (Please circle Mother or Father)
 - ☐ Other (please explain): _____
2. What is your gender?
 - ☐ Female
 - ☐ Male
 - ☐ Nonbinary
 - ☐ Gender nonconforming
 - ☐ Other (please specify): _____
3. What is the name of the deceased parent? _____
4. What was your marital status with the deceased parent **prior to their death**?
 - ☐ Married
 - ☐ Domestic partnership
 - ☐ Partnered
 - ☐ Divorced
 - ☐ Separated
5. How old were you when the deceased parent passed away? _____ years
6. How much time has passed since the death of the deceased parent? _____ years; _____ months
7. What is your current age? _____ years old
8. In terms of **Hispanic origin**, I consider myself:
 - ☐ Hispanic or Latino
 - ☐ Not Hispanic or Latino
9. In terms of **Race**, I consider myself:
 - ☐ American Indian/Alaska Native
 - ☐ Asian
 - ☐ Black or African American

- ☐ Native Hawaiian and Other Pacific Islander
- ☐ White
- ☐ Two or More Races (please indicate above)

10. What is the highest degree or level of school you have completed (If you're currently enrolled in school, please indicate the highest degree you have *received*)

- ☐ Less than a high school diploma
- ☐ High school degree or equivalent (e.g. GED)
- ☐ Some college, no degree
- ☐ Associate degree (e.g. A.A., A.S.)
- ☐ Bachelor's degree (e.g. B.A., B.S.)
- ☐ Master's degree (e.g. M.A., M.S., M.Ed.)
- ☐ Professional degree (e.g. M.D., D.D.S., D.V.M.)
- ☐ Doctorate (e.g. Ph.D., Ed.D.)

11. What is your average household income?

- ☐ Less than \$20,000
- ☐ \$20,000-\$34,999
- ☐ \$35,000-\$49,999
- ☐ \$50,000-\$74,999
- ☐ \$75,000-\$99,999
- ☐ Over \$100,000

12. What is your **current** marital status?

- ☐ Single (Never married)
- ☐ Married
- ☐ Domestic partnership
- ☐ Partnered
- ☐ Widowed
- ☐ Divorced
- ☐ Separated

Deceased Co-parent Questions

13. Approximately what length of time had you known the deceased parent before their death?

- ☐ _____ months
- ☐ _____ years
- ☐ Other (explain): _____

14. Were you in a romantic relationship with the deceased parent before their death?

- ☐ Yes, we were dating
- ☐ Yes, we were married
- ☐ Yes, but we separated/divorced before their death
- ☐ No, I was never in a romantic relationship with my deceased co-parent

15. How old was the deceased parent when they passed away? _____

16. What was the cause of death for the deceased parent? _____

17. How much time has passed since the death of the deceased parent? _____ years _____ months

Child Questions

18. How many children were you raising together with the deceased parent?

- ☐ _____ Biological
Current age(s): _____ Age(s) at parent's death: _____ Gender(s) _____
- ☐ _____ Step-children (nonbiological)
Current age(s): _____ Age(s) at parent's death: _____ Gender(s) _____
- ☐ _____ Adopted
Current age(s): _____ Age(s) at parent's death: _____ Gender(s) _____

19. Please write in the space below who is currently living in your household (e.g., myself, my children, my sister (my children's aunt), my parent (my children's grandparents))

Appendix F

Interview Schedule

Opening

1. (Establish Rapport): [shake hands] Hi there, so nice to meet you. My name is Erin and I'm a graduate student at the University of Connecticut studying parenting following the death of a co-parent for my dissertation. For the remainder of the interview, I will refer to the deceased individual whom you were parenting children with by their first name. I want to thank you for your willingness to answer some questions for me today about your experience. I know we have talked about the specifics of the research I am doing, but I thought we could go through this consent form, as it is required by the university, and we can review the primary objectives of my research work.

[Walk participant through consent form at this point]. I also want to remind you of your right to stop participation at any time during the interview if you feel uncomfortable.
2. (Interest in Topic): I want to take a minute now to tell you why I am interested in learning more about your experience as a parent before and after [deceased's] death. During my time in graduate school, I have lost three uncles, all of whom had children of various ages with three of my aunts. After the death of each of my uncles, I watched my aunts all take different paths in terms of their roles as parents to my cousins, and became very interested in what parenting is like for them following death.
3. It is because of these experiences that I am genuinely interested in your parenting experiences, and would love to hear your story. [Again, if you feel uncomfortable or would like to stop the interview at any time, please do not hesitate to let me know]
 - a. What was [Deceased's Name] like?
 - b. Tell me about the loss of [Deceased's Name]. Please tell me what happened.
 - c. How did your partner die? Did it happen quickly or slowly?
 - d. Was there caregiving beforehand? Were you anticipating the death and grief?
 - e. Is there anything else you'd like to tell me about [Deceased's Name's] death?

Purpose of Study

4. (Purpose): I would now like to ask you some questions about your parenting experiences before and after the passing of [Name of co-parent] to learn more about what parenting means to you now and understand more about the parenting of your child(ren). If at any point you feel distressed or upset during the interview, please let me know and we can stop.

5. (Motivation): I hope to use this information in the future to help educate other widows/widowers who are parenting children. I think learning about your experiences could help to inform those who work directly with parents and families following a parent's death, such as bereavement support group facilitators and grief counselors, to improve support groups and counseling sessions. They may be able to produce more accurate workshops, therapies, or counseling materials to be able to better guide other families through their experience.
6. (Timeline): This interview should take approximately 60 minutes.

Transition: Let me begin by asking you some questions about your experience. Please let me know if at any point you need further clarification or would like to stop participation. You'll notice that the first set of questions I ask of you relates to your experiences before the death of [deceased's name].

Body

7. RQ1: Parenting Before the Death of a Co-Parent

- a. What was [Deceased's Name] like as a parent?
- b. What do you miss most about how [Deceased's Name] parented?
- c. How do you feel about [Deceased's Name] not being here to parent anymore? (i.e., if deceased parent had unhealthy habits)
- d. How did you and [Deceased's Name] work together as parents? How involved and available were you to your child(ren)?
- e. In a typical day, what were your parental responsibilities before [Deceased Name's] death?
[To clarify: Did you or [Deceased's Name] take children to school, activities?
Making sure they got up in the morning? Making meals? etc.]
- i. How would you describe your view of parenting before [deceased's name's] death?
[To clarify: Positive or negative experience? Joyous? Burdensome?]
- f. What did parenting during this time in your life mean to you? How did it make you feel?

Transition: Thank you. Is there anything you think would be helpful for me to know so that I can get a better idea of your experience? Was there anything else that you'd like to add that was not triggered by my questions? Now I will turn to your relationship with your child/children before [Deceased's Name's] death. Are you ready to continue? Please let me know if you would like to stop at any point.

8. RQ1: Parent-Child Relationship Before the Death of a Co-Parent

- a. Before [deceased's name's] death, please tell me about your relationship with your child(ren). What stands out to you most about your relationship with them?
[If more than one child, children as a group].

- b. Please describe a typical day when you would spend time with your child(ren)?
[To clarify: Activities, time spent together, was other parent there?]
- c. How did you care for your child(ren) before the death of [deceased's name]?
[To clarify: Cooking meals, help with homework, affection, school activities, availability]
- d. What sort of activities did your family partake in together before [deceased name]'s death?
[To clarify: Did you attend church, movies, go to relative's houses?]

Transition: Thank you. Is there anything you think would be helpful for me to know so that I can get a better idea of your experience? Was there anything else that you'd like to add that was not triggered by my questions? Now we will move on to discuss your current parenting practices. Are you ready to move on to the next part of the interview? Please let me know if you do not wish to continue.

9. RQ 1: Parenting After the Death of a Co-Parent

- a. During a typical day, please describe your roles and responsibilities as a parent now.
[To clarify: Do you take children to school, activities? Make sure they get up in the morning? Making meals? etc.]
- b. Based on the response to your previous question and what parenting is like for you now, what would you say being a parent means to you now?
 - i. What do you think has contributed to your new meaning of what being a parent means to you now?
 - ii. How has this impacted how you feel about parenting?
- c. What, if anything, do you feel is most important about your role as a parent following [deceased's name's] death as opposed to before the death occurred?
 - i. Based on experiencing [deceased's name's] death, have you noticed any positive or negative changes in your parenting? If so, please describe them.

Transition: Thank you. Is there anything you think would be helpful for me to know so that I can get a better idea of your experience? Was there anything else that you'd like to add that was not triggered by my questions? Now we will move on to discuss your current relationship with your child/children. Are you ready to move on to the next part of the interview? Please let me know if you do not wish to continue.

10. RQ 1: Parent-Child Relationship After the Death of a Co-Parent

- a. After [deceased's name's] death, please tell me about your relationship with your child(ren) What stands out to you most about your relationship with them. [if more than one child, children as a group].

- b. What is a typical day like when you spend time with your child(ren) now?
[To clarify: Activities, time spent together]What about your relationship with your children now is different from before?
- c. How do you care for your child(ren) now?
[To clarify: Cooking meals, help with homework, affection, school activities, availability]
 - i. As a parent, what is important to you to show, tell, and teach your child about their emotions and feelings since the death of [deceased's name]? What are your interactions like with your child regarding their emotions and feelings?

Thank you. Is there anything you think would be helpful for me to know so that I can get a better idea of your experience? Was there anything else that you'd like to add that was not triggered by my questions? Now we will move on to discuss the ways in which you are currently parenting your child(ren). Are you ready to move on to the next part of the interview? Please let me know if you do not wish to continue.

11. RQ 2: What practices do surviving co-parents use after the death of a co-parent to continue parenting their child/children?

- a. Of the parenting strategies (e.g. warmth, discipline, support, decision making) that you used to use before the death of [deceased's name], what has become most relevant for you as a parent now?
 - i. What parenting strategies do you value most now and why?
- b. Have you adopted parenting strategies that were previously only used by [deceased's name]?
 - i. How difficult or easy were these strategies to implement as a single parent?
- c. Did you grieve differently alone than when in the presence of your child(ren)? How did you grieve in your child(ren)'s presence? How does your child impact your grief process(es)?
 - i. Did you talk to your child about grief following the death of [deceased's name]? If so, how?
 - ii. Did you attend support groups or family therapy before or after [deceased's name]'s death? If so, how has this impacted your grief? What did you find to be most or least helpful?

- iii. Did you use any resources (e.g., church, medical doctor, insurance suggestion) to help cope with your grief? What did your support group look like (e.g. friends, family members, colleagues) and how did they help you cope?
- d. How do you think your grief has influenced your ability to parent?
 - i. Describe how your parenting was different when you were coping with the death of [deceased's name].
 - ii. How do you think this impacted your relationship with your child(ren)?
 - iii. How did [deceased's name]'s death impact you and your children as a whole? What changes within your immediate family occurred following [deceased's name]'s death?
 - iv. Is the family more functional or less functional since the death?

Transition: Thank you. Is there anything you think would be helpful for me to know so that I can get a better idea of your experience? Was there anything else that you'd like to add that was not triggered by my questions? Please let me know if you do not wish to continue. Now we are going to talk a bit about your grief following the death of [deceased's name].

12. RQ 3: What Role Does Gender Play in these Experiences

- e. Could you explain your feelings when [deceased's name] passed away?
[Prompts: Did you ever talk about grief with [deceased's name]? Was illness prolonged? Were children involved?]
 - i. Could you explain to me what your grief looked like?
 - ii. Describe to me how you talked about your grief to others, if at all. If someone were to ask you how you were doing following [deceased parent's death], how would you respond?
 - iii. How often did you talk about your grief?
- f. Do you feel that your grieving process would be different if you were a [insert opposite gender here]. If so, how?
 - i. What role do you feel gender played in your grief process?
- g. Did you feel pressure to meet social or family expectations in how you parented your children after [deceased's name] died? Do you think this would have been different if you were of the opposite gender?

Transition: We have now reached the end of the questions that I have for you. Before we wrap up, I want to give you one last opportunity to add anything that you'd like about your experience that may help me

understand grief in relation to yourself and your family. Is there anything else that we did not discuss that you would like to share with me?

Transition: It has been a pleasure finding out more about you and your experience as a parent.

Closing

13. (Maintain Rapport): Is there anything you think would be helpful for me to know so that I can get a better idea of your experience?
14. (Action to be taken): I should have all of the information I need. Would you like to be contacted in the future when the interviews are being looked over to see if I have captured the meanings you wished to convey? Also, are you interested in receiving a copy of the findings at the end of the study or being contacted for a follow-up interview? Thanks again for your time. I look forward to speaking with you in the future.